search history


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=> d his full

     (FILE 'HOME' ENTERED AT 14:42:44 ON 06 SEP 2005)

     FILE 'REGISTRY' ENTERED AT 14:43:05 ON 06 SEP 2005
L1            15 SEA ABB=ON  PLU=ON  PHENYLEPHRINE?/CN
L2             2 SEA ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L3            30 SEA ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN

     FILE 'CAPLUS' ENTERED AT 14:44:39 ON 06 SEP 2005
L4           472 SEA ABB=ON  PLU=ON  FINE J?/AU
L5          7472 SEA ABB=ON  PLU=ON  L1
L6           838 SEA ABB=ON  PLU=ON  L2
L7          2223 SEA ABB=ON  PLU=ON  L3
L8           134 SEA ABB=ON  PLU=ON  DECONGESTANTS/CT (L) NASAL/OBI
                 E EAR+ALL/CT
                 E E15+ALL
L9          9371 SEA ABB=ON  PLU=ON  EAR/CT
                 E SINUS/CT
                 E E3+ALL
                 E SINUSIT/CT
                 E E4=ALL
                 E SINUSIT/CT
                 E E4+ALL
L10         6507 SEA ABB=ON  PLU=ON  SINUS?/OBI
                 E OTITIS/CT
                 E E3+ALL
L11         1232 SEA ABB=ON  PLU=ON  OTITIS?/OBI
                 E RHINI/CT
                 E E10+ALL
L12         3900 SEA ABB=ON  PLU=ON  RHINITIS?/OBI
                 E EARACH/CT
                 E EAR/CT
L13            9 SEA ABB=ON  PLU=ON  EAR ACHE?/OBI OR EARACHE?/OBI OR OTALGIA?/O
                 BI
                 E OTALGI/CT
L14            4 SEA ABB=ON  PLU=ON  EAR/CT (L) ACHE/OBI
                 D SCA
L15            6 SEA ABB=ON  PLU=ON  PAIN/OBI (L) OTIC/OBI
                 E ATMOSPHERIC P/CT
                 E BAROTRAU/CT
L16          793 SEA ABB=ON  PLU=ON  BAROMET?/OBI
L17            9 SEA ABB=ON  PLU=ON  BAROTRAUM?/OBI
                 E AIRCRAFT/CT
                 E E3+ALL
L18         6358 SEA ABB=ON  PLU=ON  AIRCRAFT/CT
                 E ALTITUDE/CT
                 E E3+ALL
L19         6651 SEA ABB=ON  PLU=ON  ALTITUD?/OBI
                 E DECOMPRESSION/CT
                 E E3+ALL
L*** DEL       0 S DECPMPRESS?
L20         1051 SEA ABB=ON  PLU=ON  DECOMPRESS?/OBI
L21        13540 SEA ABB=ON  PLU=ON  PRESSURE/OBI (L) ATMOSPHER?/OBI

     FILE 'STNGUIDE' ENTERED AT 15:03:05 ON 06 SEP 2005

     FILE 'CAPLUS' ENTERED AT 15:04:11 ON 06 SEP 2005
L22            9 SEA ABB=ON  PLU=ON  L4 AND (L5 OR L6 OR L7 OR L8 OR L9 OR L10
                 OR L11 OR L12 OR L13 OR L14 OR L15 OR L16 OR L17 OR L18 OR L19
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                OR L20 OR L21)
                D SCA TI
L23           1 SEA ABB=ON  PLU=ON  L4 AND (L5 OR L6 OR L7 OR L8) AND (L9 OR
                L10 OR L11 OR L12 OR L13 OR L14 OR L15 OR L16 OR L17 OR L18 OR
                L19 OR L20 OR L21)
L24           1 SEA ABB=ON  PLU=ON  (L5 OR L6 OR L7 OR L8) AND (L9 OR L10 OR
                L11 OR L12 OR L13 OR L14 OR L15) AND (L16 OR L17 OR L18 OR L19
                OR L20 OR L21)
                D SCA

     FILE 'STNGUIDE' ENTERED AT 15:09:01 ON 06 SEP 2005

     FILE 'JICST-EPLUS, PASCAL, BIOSIS, TOXCENTER, SCISEARCH, NTIS, NIOSHTIC,
     MECHENG, AEROSPACE, WPIX' ENTERED AT 15:37:29 ON 06 SEP 2005
L25        2415 SEA ABB=ON  PLU=ON  FINE J?/AU OR FINE, J?/AU
L26       17771 SEA ABB=ON  PLU=ON  L1 OR L2 OR L3
L27       37620 SEA ABB=ON  PLU=ON  METAOXEDRIN? OR METASYMPATOL? OR MEZATON?
                OR NEO-SYNEPHRIN? OR NEOSYNEPHRIN? OR PHENYLEPHRIN?
L28         547 SEA ABB=ON  PLU=ON  ETILEFRIN? OR ETHYLNORPHENYLEPHRIN? OR
                ETHYLPHENYLEPHRIN? OR CIRCUPON
L29         114 SEA ABB=ON  PLU=ON  EFFORTIL OR ETHYL ADRIANOL OR ETHYLADRIANOL
                 OR FETANOL OR PHETANOL OR THOMASIN
L30        2243 SEA ABB=ON  PLU=ON  OXYMETAZOLIN?
L31       14064 SEA ABB=ON  PLU=ON  EPHEDRIN? OR PSEUDOEPHEDRIN? OR ISOEPHEDRIN
                ?
L32        4402 SEA ABB=ON  PLU=ON  DECONGESTANT? OR (NOSE OR NASAL? OR
                SINUS?) (2A) (VASOCONSTRICT?)
L33      517630 SEA ABB=ON  PLU=ON  OTITIS? OR SINUS? OR RHINITIS? OR EAR OR
                EARACHE OR OTALGI? OR OTIC (2A) PAIN
L34          40 SEA ABB=ON  PLU=ON  AEROSINUSIT? OR BAROSINUSIT? OR BAROTITUS
                OR AEROTITUS
L35      315430 SEA ABB=ON  PLU=ON  ATMOSPHERIC PRESSUR? OR ALTITUD? OR
                BAROTRAUM? OR DECOMPRESS?
L36      839250 SEA ABB=ON  PLU=ON  AIRCRAFT? OR AIRPLANE? OR AEROPLANE? OR
                FLIGHT?
L37           3 SEA ABB=ON  PLU=ON  L25 AND (L26 OR L27 OR L28 OR L29 OR L30
                OR L31 OR L32) AND (L33 OR L34 OR L35 OR L36)
                D SCA TI
                D SCA
L38           2 SEA ABB=ON  PLU=ON  (L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR
                L32) AND L34
                D SCA
L39          41 SEA ABB=ON  PLU=ON  (L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR
                L32) AND L33 AND (L35 OR L36)
L40          24 DUP REM L39 (17 DUPLICATES REMOVED)
                     ANSWERS '1-10' FROM FILE PASCAL
                     ANSWERS '11-13' FROM FILE BIOSIS
                     ANSWERS '14-15' FROM FILE TOXCENTER
                     ANSWER '16' FROM FILE SCISEARCH
                     ANSWER '17' FROM FILE NIOSHTIC
                     ANSWERS '18-19' FROM FILE MECHENG
                     ANSWERS '20-23' FROM FILE AEROSPACE
                     ANSWER '24' FROM FILE WPIX
                D SCA
L41       73651 SEA ABB=ON  PLU=ON  PRESSURE (W) (EFFECT? OR REDUC?)
L42          46 SEA ABB=ON  PLU=ON  (L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR
                L32) AND L33 AND ((L35 OR L36) OR L41)
L43           5 SEA ABB=ON  PLU=ON  L42 NOT L39
                D SCA
L44           1 SEA ABB=ON  PLU=ON  L43 AND CAT/TI
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                D KWIC
L45           40 SEA ABB=ON  PLU=ON  L39 NOT SPACE FLIGHT/CT
L46      1961234 SEA ABB=ON  PLU=ON  SURGERY
L47            1 SEA ABB=ON  PLU=ON  L45 AND L46
                D KWIC
L48           39 SEA ABB=ON  PLU=ON  L45 NOT L46
L49      2258309 SEA ABB=ON  PLU=ON  INGEST? OR ORAL?
L50        39050 SEA ABB=ON  PLU=ON  INTRA NASAL? OR INTRANASAL? OR NASAL(2A)(SP
                RAY? OR MIST?)
L51          114 SEA ABB=ON  PLU=ON  (L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR
                L32) AND L49 AND L50 AND (L33 OR L34 OR L35 OR L36)
L52            8 SEA ABB=ON  PLU=ON  (L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR
                L32) AND L49 AND L50 AND (L33 OR L34) AND (L35 OR L36)
L53            0 SEA ABB=ON  PLU=ON  L52 NOT L48
                D SCA L52

     FILE 'STNGUIDE' ENTERED AT 16:01:34 ON 06 SEP 2005

     FILE 'MEDLINE' ENTERED AT 16:01:58 ON 06 SEP 2005
                ACT SPI137MEDAU/A
                ---------
L54(          15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L55(           2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L56(          30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L57(         857)SEA FILE=MEDLINE ABB=ON  PLU=ON  FINE J?/AU
L58(       10040)SEA FILE=MEDLINE ABB=ON  PLU=ON  L54
L59(         494)SEA FILE=MEDLINE ABB=ON  PLU=ON  L55
L60(           4)SEA FILE=MEDLINE ABB=ON  PLU=ON  L56
L61(        9919)SEA FILE=MEDLINE ABB=ON  PLU=ON  PHENYLEPHRINE+NT/CT
L62(         494)SEA FILE=MEDLINE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L63(        3053)SEA FILE=MEDLINE ABB=ON  PLU=ON  EPHEDRINE/CT
L64(       13249)SEA FILE=MEDLINE ABB=ON  PLU=ON  NASAL DECONGESTANTS+NT/CT
L65(        6076)SEA FILE=MEDLINE ABB=ON  PLU=ON  SYMPATHOMIMETICS/CT
L66(       59717)SEA FILE=MEDLINE ABB=ON  PLU=ON  EAR+NT/CT
L67(       13033)SEA FILE=MEDLINE ABB=ON  PLU=ON  PARANASAL SINUSES+NT/CT
L68(       16982)SEA FILE=MEDLINE ABB=ON  PLU=ON  OTITIS+NT/CT
L69(        9840)SEA FILE=MEDLINE ABB=ON  PLU=ON  SINUSITIS+NT/CT
L70(       15461)SEA FILE=MEDLINE ABB=ON  PLU=ON  RHINITIS+NT/CT
L71(          10)SEA FILE=MEDLINE ABB=ON  PLU=ON  AEROSINUSIT? OR BAROSINUSIT? O
L72(        7906)SEA FILE=MEDLINE ABB=ON  PLU=ON  ATMOSPHERIC PRESSURE+NT/CT
L73(        8547)SEA FILE=MEDLINE ABB=ON  PLU=ON  ALTITUDE+NT/CT
L74(        4501)SEA FILE=MEDLINE ABB=ON  PLU=ON  BAROTRAUMA+NT/CT
L75(         846)SEA FILE=MEDLINE ABB=ON  PLU=ON  DECOMPRESSION/CT
L76(        4904)SEA FILE=MEDLINE ABB=ON  PLU=ON  AIRCRAFT/CT
L77            1 SEA ABB=ON  PLU=ON  L57 AND (L58 OR L59 OR L60 OR L61 OR L62
                OR L63 OR L64 OR L65 OR L66 OR L67 OR L68 OR L69 OR L70 OR L71
                OR L72 OR L73 OR L74 OR L75 OR L76)
                ---------
                ACT SPI137MED1/A
                ---------
L78(          15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L79(           2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L80(          30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L81(       10040)SEA FILE=MEDLINE ABB=ON  PLU=ON  L78
L82(         494)SEA FILE=MEDLINE ABB=ON  PLU=ON  L79
L83(           4)SEA FILE=MEDLINE ABB=ON  PLU=ON  L80
L84(        9919)SEA FILE=MEDLINE ABB=ON  PLU=ON  PHENYLEPHRINE+NT/CT
L85(         494)SEA FILE=MEDLINE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L86(        3053)SEA FILE=MEDLINE ABB=ON  PLU=ON  EPHEDRINE/CT
L87(       13249)SEA FILE=MEDLINE ABB=ON  PLU=ON  NASAL DECONGESTANTS+NT/CT
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L88(      6076)SEA FILE=MEDLINE ABB=ON  PLU=ON  SYMPATHOMIMETICS/CT
L89(        10)SEA FILE=MEDLINE ABB=ON  PLU=ON  AEROSINUSIT? OR BAROSINUSIT? O
L90           0 SEA ABB=ON  PLU=ON  (L81 OR L82 OR L83 OR L84 OR L85 OR L86 OR
                L87 OR L88) AND L89
                ---------
                ACT SPI137MED2/A
                ---------
L91(         15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L92(          2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L93(         30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L94(      10040)SEA FILE=MEDLINE ABB=ON  PLU=ON  L91
L95(        494)SEA FILE=MEDLINE ABB=ON  PLU=ON  L92
L96(          4)SEA FILE=MEDLINE ABB=ON  PLU=ON  L93
L97(       9919)SEA FILE=MEDLINE ABB=ON  PLU=ON  PHENYLEPHRINE+NT/CT
L98(        494)SEA FILE=MEDLINE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L99(       3053)SEA FILE=MEDLINE ABB=ON  PLU=ON  EPHEDRINE/CT
L100(     13249)SEA FILE=MEDLINE ABB=ON  PLU=ON  NASAL DECONGESTANTS+NT/CT
L101(      6076)SEA FILE=MEDLINE ABB=ON  PLU=ON  SYMPATHOMIMETICS/CT
L102(     59717)SEA FILE=MEDLINE ABB=ON  PLU=ON  EAR+NT/CT
L103(     13033)SEA FILE=MEDLINE ABB=ON  PLU=ON  PARANASAL SINUSES+NT/CT
L104(     16982)SEA FILE=MEDLINE ABB=ON  PLU=ON  OTITIS+NT/CT
L105(      9840)SEA FILE=MEDLINE ABB=ON  PLU=ON  SINUSITIS+NT/CT
L106(     15461)SEA FILE=MEDLINE ABB=ON  PLU=ON  RHINITIS+NT/CT
L107(      7906)SEA FILE=MEDLINE ABB=ON  PLU=ON  ATMOSPHERIC PRESSURE+NT/CT
L108(      8547)SEA FILE=MEDLINE ABB=ON  PLU=ON  ALTITUDE+NT/CT
L109(      4501)SEA FILE=MEDLINE ABB=ON  PLU=ON  BAROTRAUMA+NT/CT
L110(       846)SEA FILE=MEDLINE ABB=ON  PLU=ON  DECOMPRESSION/CT
L111(      4904)SEA FILE=MEDLINE ABB=ON  PLU=ON  AIRCRAFT/CT
L112(        14)SEA FILE=MEDLINE ABB=ON  PLU=ON  (L94 OR L95 OR L96 OR L97
L113         12 SEA ABB=ON  PLU=ON  L112 NOT (HEMATOMA OR HAY FEVER)/CT
                ---------
                ACT  SPI137MED3/A
                ---------
L114(        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L115(         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L116(        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L117(     10040)SEA FILE=MEDLINE ABB=ON  PLU=ON  L114
L118(       494)SEA FILE=MEDLINE ABB=ON  PLU=ON  L115
L119(         4)SEA FILE=MEDLINE ABB=ON  PLU=ON  L116
L120(      9919)SEA FILE=MEDLINE ABB=ON  PLU=ON  PHENYLEPHRINE+NT/CT
L121(       494)SEA FILE=MEDLINE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L122(      3053)SEA FILE=MEDLINE ABB=ON  PLU=ON  EPHEDRINE/CT
L123(     13249)SEA FILE=MEDLINE ABB=ON  PLU=ON  NASAL DECONGESTANTS+NT/CT
L124(      6076)SEA FILE=MEDLINE ABB=ON  PLU=ON  SYMPATHOMIMETICS/CT
L125(       319)SEA FILE=MEDLINE ABB=ON  PLU=ON  EARACHE/CT
L126          4 SEA ABB=ON  PLU=ON  L125 AND (L117 OR L118 OR L119 OR L120 OR
                L121 OR L122 OR L123 OR L124)
                ---------

     FILE 'EMBASE' ENTERED AT 16:03:29 ON 06 SEP 2005
                ACT SPI137EMBAU/A
                ---------
L127(        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L128(         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L129(        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L130(       417)SEA FILE=EMBASE ABB=ON  PLU=ON  FINE J?/AU
L131(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  L127
L132(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  L128
L133(      2190)SEA FILE=EMBASE ABB=ON  PLU=ON  L129
L134(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  PHENYLEPHRINE/CT
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L135(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L136(      2198)SEA FILE=EMBASE ABB=ON  PLU=ON  PSEUDOEPHEDRINE/CT OR PSEUDOEPH
L137(      1919)SEA FILE=EMBASE ABB=ON  PLU=ON  DECONGESTIVE AGENT/CT
L138(     17828)SEA FILE=EMBASE ABB=ON  PLU=ON  OTITIS+NT/CT
L139(     11547)SEA FILE=EMBASE ABB=ON  PLU=ON  SINUSITIS+NT/CT
L140(     20888)SEA FILE=EMBASE ABB=ON  PLU=ON  RHINITIS+NT/CT
L141(     35041)SEA FILE=EMBASE ABB=ON  PLU=ON  EAR+NT/CT
L142(      7434)SEA FILE=EMBASE ABB=ON  PLU=ON  PARANASAL SINUS+NT/CT
L143(         8)SEA FILE=EMBASE ABB=ON  PLU=ON  AEROSINUSIT? OR BAROSINUSIT? OR
L144(      2612)SEA FILE=EMBASE ABB=ON  PLU=ON  ATMOSPHERIC PRESSURE/CT
L145(      5022)SEA FILE=EMBASE ABB=ON  PLU=ON  ALTITUDE/CT
L146(      4998)SEA FILE=EMBASE ABB=ON  PLU=ON  BAROTRAUMA+NT/CT
L147(      1466)SEA FILE=EMBASE ABB=ON  PLU=ON  DECOMPRESSION/CT
L148(      2197)SEA FILE=EMBASE ABB=ON  PLU=ON  AIRCRAFT/CT
L149(       965)SEA FILE=EMBASE ABB=ON  PLU=ON  OTALGIA/CT
L150(      3053)SEA FILE=EMBASE ABB=ON  PLU=ON  AVIATION/CT
L151          1 SEA ABB=ON  PLU=ON  L130 AND (L131 OR L132 OR L133 OR L134 OR
                L135 OR L136 OR L137 OR L138 OR L139 OR L140 OR L141 OR L142
                OR L143 OR L144 OR L145 OR L146 OR L147 OR L148 OR L149 OR
                L150)
               ---------
                ACT SPI137EMB1/A
               ---------
L152(        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L153(         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L154(        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L155(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  L152
L156(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  L153
L157(      2190)SEA FILE=EMBASE ABB=ON  PLU=ON  L154
L158(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  PHENYLEPHRINE/CT
L159(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L160(      2198)SEA FILE=EMBASE ABB=ON  PLU=ON  PSEUDOEPHEDRINE/CT OR PSEUDOEPH
L161(      1919)SEA FILE=EMBASE ABB=ON  PLU=ON  DECONGESTIVE AGENT/CT
L162(         8)SEA FILE=EMBASE ABB=ON  PLU=ON  AEROSINUSIT? OR BAROSINUSIT? OR
L163          0 SEA ABB=ON  PLU=ON  (L155 OR L156 OR L157 OR L158 OR L159 OR
                L160 OR L161) AND L162
               ---------
                ACT SPI137EMB2/A
               ---------
L164(        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L165(         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L166(        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L167(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  L164
L168(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  L165
L169(      2190)SEA FILE=EMBASE ABB=ON  PLU=ON  L166
L170(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  PHENYLEPHRINE/CT
L171(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L172(      2198)SEA FILE=EMBASE ABB=ON  PLU=ON  PSEUDOEPHEDRINE/CT OR PSEUDOEPH
L173(      1919)SEA FILE=EMBASE ABB=ON  PLU=ON  DECONGESTIVE AGENT/CT
L174(     17828)SEA FILE=EMBASE ABB=ON  PLU=ON  OTITIS+NT/CT
L175(     11547)SEA FILE=EMBASE ABB=ON  PLU=ON  SINUSITIS+NT/CT
L176(     20888)SEA FILE=EMBASE ABB=ON  PLU=ON  RHINITIS+NT/CT
L177(     35041)SEA FILE=EMBASE ABB=ON  PLU=ON  EAR+NT/CT
L178(      7434)SEA FILE=EMBASE ABB=ON  PLU=ON  PARANASAL SINUS+NT/CT
L179(      2612)SEA FILE=EMBASE ABB=ON  PLU=ON  ATMOSPHERIC PRESSURE/CT
L180(      5022)SEA FILE=EMBASE ABB=ON  PLU=ON  ALTITUDE/CT
L181(      4998)SEA FILE=EMBASE ABB=ON  PLU=ON  BAROTRAUMA+NT/CT
L182(      1466)SEA FILE=EMBASE ABB=ON  PLU=ON  DECOMPRESSION/CT
L183(      2197)SEA FILE=EMBASE ABB=ON  PLU=ON  AIRCRAFT/CT
L184(       965)SEA FILE=EMBASE ABB=ON  PLU=ON  OTALGIA/CT
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L185(      3053)SEA FILE=EMBASE ABB=ON  PLU=ON  AVIATION/CT
L186(      1409)SEA FILE=EMBASE ABB=ON  PLU=ON  FLIGHT/CT
L187(       641)SEA FILE=EMBASE ABB=ON  PLU=ON  NOSE SPRAY/CT
L188(    467818)SEA FILE=EMBASE ABB=ON  PLU=ON  ORAL DRUG ADMINISTRATION/CT
L189(        25)SEA FILE=EMBASE ABB=ON  PLU=ON  (L167 OR L168 OR L169 OR L170 O
L190(         3)SEA FILE=EMBASE ABB=ON  PLU=ON  L189 AND (NA/CT OR L187) AND (L
L191          2 SEA ABB=ON  PLU=ON  BAROTRAUMA/CT AND L190
              ---------
               ACT SPI137EMB3/A
              ---------
L192(        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L193(         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L194(        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L195(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  L192
L196(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  L193
L197(      2190)SEA FILE=EMBASE ABB=ON  PLU=ON  L194
L198(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  PHENYLEPHRINE/CT
L199(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L200(      2198)SEA FILE=EMBASE ABB=ON  PLU=ON  PSEUDOEPHEDRINE/CT OR PSEUDOEPH
L201(      1919)SEA FILE=EMBASE ABB=ON  PLU=ON  DECONGESTIVE AGENT/CT
L202(     17828)SEA FILE=EMBASE ABB=ON  PLU=ON  OTITIS+NT/CT
L203(     11547)SEA FILE=EMBASE ABB=ON  PLU=ON  SINUSITIS+NT/CT
L204(     20888)SEA FILE=EMBASE ABB=ON  PLU=ON  RHINITIS+NT/CT
L205(     35041)SEA FILE=EMBASE ABB=ON  PLU=ON  EAR+NT/CT
L206(      7434)SEA FILE=EMBASE ABB=ON  PLU=ON  PARANASAL SINUS+NT/CT
L207(      2612)SEA FILE=EMBASE ABB=ON  PLU=ON  ATMOSPHERIC PRESSURE/CT
L208(      5022)SEA FILE=EMBASE ABB=ON  PLU=ON  ALTITUDE/CT
L209(      4998)SEA FILE=EMBASE ABB=ON  PLU=ON  BAROTRAUMA+NT/CT
L210(      1466)SEA FILE=EMBASE ABB=ON  PLU=ON  DECOMPRESSION/CT
L211(      2197)SEA FILE=EMBASE ABB=ON  PLU=ON  AIRCRAFT/CT
L212(       965)SEA FILE=EMBASE ABB=ON  PLU=ON  OTALGIA/CT
L213(      3053)SEA FILE=EMBASE ABB=ON  PLU=ON  AVIATION/CT
L214(      1409)SEA FILE=EMBASE ABB=ON  PLU=ON  FLIGHT/CT
L215(        25)SEA FILE=EMBASE ABB=ON  PLU=ON  (L195 OR L196 OR L197 OR L198 O
L216(      1476)SEA FILE=EMBASE ABB=ON  PLU=ON  AIRPLANE CREW/CT
L217          2 SEA ABB=ON  PLU=ON  L215 AND L216
              ---------
               ACT SPI137EMB4/A
              ---------
L218(        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L219(         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L220(        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L221(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  L218
L222(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  L219
L223(      2190)SEA FILE=EMBASE ABB=ON  PLU=ON  L220
L224(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  PHENYLEPHRINE/CT
L225(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L226(      2198)SEA FILE=EMBASE ABB=ON  PLU=ON  PSEUDOEPHEDRINE/CT OR PSEUDOEPH
L227(     17828)SEA FILE=EMBASE ABB=ON  PLU=ON  OTITIS+NT/CT
L228(     11547)SEA FILE=EMBASE ABB=ON  PLU=ON  SINUSITIS+NT/CT
L229(     20888)SEA FILE=EMBASE ABB=ON  PLU=ON  RHINITIS+NT/CT
L230(     35041)SEA FILE=EMBASE ABB=ON  PLU=ON  EAR+NT/CT
L231(      7434)SEA FILE=EMBASE ABB=ON  PLU=ON  PARANASAL SINUS+NT/CT
L232(      2612)SEA FILE=EMBASE ABB=ON  PLU=ON  ATMOSPHERIC PRESSURE/CT
L233(      5022)SEA FILE=EMBASE ABB=ON  PLU=ON  ALTITUDE/CT
L234(      4998)SEA FILE=EMBASE ABB=ON  PLU=ON  BAROTRAUMA+NT/CT
L235(      1466)SEA FILE=EMBASE ABB=ON  PLU=ON  DECOMPRESSION/CT
L236(      2197)SEA FILE=EMBASE ABB=ON  PLU=ON  AIRCRAFT/CT
L237(       965)SEA FILE=EMBASE ABB=ON  PLU=ON  OTALGIA/CT
L238(      3053)SEA FILE=EMBASE ABB=ON  PLU=ON  AVIATION/CT
```

```
L239(      1409)SEA FILE=EMBASE ABB=ON  PLU=ON  FLIGHT/CT
L240(        18)SEA FILE=EMBASE ABB=ON  PLU=ON  (L221 OR L222 OR L223 OR L224 O
L241(       178)SEA FILE=EMBASE ABB=ON  PLU=ON  L234 (L) PC/CT
L242          8 SEA ABB=ON  PLU=ON  L240 AND L241
                ---------

     FILE 'STNGUIDE' ENTERED AT 16:06:23 ON 06 SEP 2005

     FILE 'REGISTRY' ENTERED AT 16:18:02 ON 06 SEP 2005
               D QUE L1
               D QUE L2
               D QUE L3

     FILE 'STNGUIDE' ENTERED AT 16:20:01 ON 06 SEP 2005

     FILE 'MEDLINE' ENTERED AT 16:26:27 ON 06 SEP 2005
               D QUE L77

     FILE 'EMBASE' ENTERED AT 16:26:29 ON 06 SEP 2005
               D QUE L151

     FILE 'CAPLUS' ENTERED AT 16:26:31 ON 06 SEP 2005
               D QUE L23

     FILE 'JICST-EPLUS, PASCAL, BIOSIS, TOXCENTER, SCISEARCH, NTIS, NIOSHTIC,
     MECHENG, AEROSPACE, WPIX' ENTERED AT 16:26:33 ON 06 SEP 2005
               D QUE L37

     FILE 'MEDLINE, CAPLUS, EMBASE, WPIX' ENTERED AT 16:26:35 ON 06 SEP 2005
L243          5 DUP REM L77 L23 L151 L37 (1 DUPLICATE REMOVED)
                     ANSWER '1' FROM FILE MEDLINE
                     ANSWER '2' FROM FILE CAPLUS
                     ANSWER '3' FROM FILE EMBASE
                     ANSWERS '4-5' FROM FILE WPIX
               D IALL 1-5

     FILE 'STNGUIDE' ENTERED AT 16:27:51 ON 06 SEP 2005

     FILE 'MEDLINE' ENTERED AT 16:35:17 ON 06 SEP 2005
               D QUE L90
               D QUE L113
               D QUE L126
L244         14 SEA ABB=ON  PLU=ON  (L90 OR L113 OR L126) NOT L77

     FILE 'EMBASE' ENTERED AT 16:35:20 ON 06 SEP 2005
               D QUE L163
               D QUE L191
               D QUE L217
               D QUE L242
L245         10 SEA ABB=ON  PLU=ON  (L163 OR L191 OR L217 OR L242) NOT L151

     FILE 'CAPLUS' ENTERED AT 16:35:24 ON 06 SEP 2005
               D QUE L24
L246          0 SEA ABB=ON  PLU=ON  L24 NOT L23

     FILE 'JICST-EPLUS, PASCAL, BIOSIS, TOXCENTER, SCISEARCH, NTIS, NIOSHTIC,
     MECHENG, AEROSPACE, WPIX' ENTERED AT 16:35:26 ON 06 SEP 2005
               D QUE L38
               D QUE L48
               D QUE L52
```

```
L247         38 SEA ABB=ON  PLU=ON  (L38 OR L48 OR L52) NOT L37

     FILE 'STNGUIDE' ENTERED AT 16:35:50 ON 06 SEP 2005

     FILE 'MEDLINE, EMBASE, PASCAL, BIOSIS, TOXCENTER, SCISEARCH, NIOSHTIC,
     MECHENG, AEROSPACE' ENTERED AT 16:36:56 ON 06 SEP 2005
L248         31 DUP REM L244 L245 L247 (31 DUPLICATES REMOVED)
                    ANSWERS '1-14' FROM FILE MEDLINE
                    ANSWERS '15-19' FROM FILE EMBASE
                    ANSWER '20' FROM FILE PASCAL
                    ANSWERS '21-22' FROM FILE BIOSIS
                    ANSWER '23' FROM FILE TOXCENTER
                    ANSWER '24' FROM FILE SCISEARCH
                    ANSWER '25' FROM FILE NIOSHTIC
                    ANSWERS '26-27' FROM FILE MECHENG
                    ANSWERS '28-31' FROM FILE AEROSPACE
               D IALL 1-31

     FILE 'STNGUIDE' ENTERED AT 16:38:09 ON 06 SEP 2005


     FILE HOME

     FILE REGISTRY
     Property values tagged with IC are from the ZIC/VINITI data file
     provided by InfoChem.

     STRUCTURE FILE UPDATES:    5 SEP 2005  HIGHEST RN 862458-90-0
     DICTIONARY FILE UPDATES:   5 SEP 2005  HIGHEST RN 862458-90-0

     New CAS Information Use Policies, enter HELP USAGETERMS for details.

     TSCA INFORMATION NOW CURRENT THROUGH JULY 14, 2005

       Please note that search-term pricing does apply when
       conducting SmartSELECT searches.

     ************************************************************
     *                                                          *
     * The CA roles and document type information have been removed from *
     * the IDE default display format and the ED field has been added,   *
     * effective March 20, 2005.  A new display format, IDERL, is now    *
     * available and contains the CA role and document type information. *
     *                                                          *
     ************************************************************

     Structure search iteration limits have been increased.  See HELP SLIMITS
     for details.

     Experimental and calculated property data are now available. For more
     information enter HELP PROP at an arrow prompt in the file or refer
     to the file summary sheet on the web at:
     http://www.cas.org/ONLINE/DBSS/registryss.html

     FILE CAPLUS

     Copyright of the articles to which records in this database refer is
     held by the publishers listed in the PUBLISHER (PB) field (available
     for records published or updated in Chemical Abstracts after December
     26, 1996), unless otherwise indicated in the original publications.
```

FILE COVERS 1907 - 6 Sep 2005 VOL 143 ISS 11
FILE LAST UPDATED: 5 Sep 2005 (20050905/ED)

New CAS Information Use Policies, enter HELP USAGETERMS for details.

This file contains CAS Registry Numbers for easy and accurate substance identification.

FILE STNGUIDE
FILE CONTAINS CURRENT INFORMATION.
LAST RELOADED: Sep 2, 2005 (20050902/UP).

FILE JICST-EPLUS
FILE COVERS 1985 TO 22 AUG 2005 (20050822/ED)

THE JICST-EPLUS FILE HAS BEEN RELOADED TO REFLECT THE 1999 CONTROLLED TERM (/CT) THESAURUS RELOAD.

FILE PASCAL
FILE LAST UPDATED: 5 SEP 2005 <20050905/UP>
FILE COVERS 1977 TO DATE.

>>> SIMULTANEOUS LEFT AND RIGHT TRUNCATION IS AVAILABLE IN THE BASIC INDEX (/BI) FIELD <<<

FILE BIOSIS
FILE COVERS 1969 TO DATE.
CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT FROM JANUARY 1969 TO DATE.

RECORDS LAST ADDED: 31 August 2005 (20050831/ED)

FILE RELOADED: 19 October 2003.

FILE TOXCENTER

FILE COVERS 1907 TO 6 Sep 2005 (20050906/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

New CAS Information Use Policies, enter HELP USAGETERMS for details.

TOXCENTER has been enhanced with new files segments and search fields. See HELP CONTENT for more information.

TOXCENTER thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2005 vocabulary. See http://www.nlm.nih.gov/mesh/ and http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html for a description of changes.

FILE SCISEARCH

FILE COVERS 1974 TO 1 Sep 2005 (20050901/ED)

SCISEARCH has been reloaded, see HELP RLOAD for details.

FILE NTIS
FILE LAST UPDATED: 5 SEP 2005 <20050905/UP>
FILE COVERS 1964 TO DATE.

<<< SIMULTANEOUS LEFT AND RIGHT TRUNCATION AVAILABLE IN
THE BASIC INDEX (/BI) >>>

FILE NIOSHTIC

FILE COVERS 1973 TO 13 Oct 1998 (19981013/ED)

This file contains CAS Registry Numbers for easy and accurate
substance identification.

FILE MECHENG
FILE LAST UPDATED: 30 AUG 2005 <20050830/UP>
FILE COVERS 1966 TO DATE

>>> SIMULTANEOUS LEFT AND RIGHT TRUNCATION AVAILABLE IN
THE BASIC INDEX <<<

FILE AEROSPACE

FILE COVERS 1962 TO 2 Sep 2005 (20050902/ED)

FILE WPIX
FILE LAST UPDATED: 2 SEP 2005 <20050902/UP>
MOST RECENT DERWENT UPDATE: 200556 <200556/DW>
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE

>>> FOR A COPY OF THE DERWENT WORLD PATENTS INDEX STN USER GUIDE,
PLEASE VISIT:
http://www.stn-international.de/training_center/patents/stn_guide.pdf <<<

>>> FOR DETAILS OF THE PATENTS COVERED IN CURRENT UPDATES, SEE
http://thomsonderwent.com/coverage/latestupdates/ <<<

>>> FOR INFORMATION ON ALL DERWENT WORLD PATENTS INDEX USER
GUIDES, PLEASE VISIT:
http://thomsonderwent.com/support/userguides/ <<<

>>> NEW! FAST-ALERTING ACCESS TO NEWLY-PUBLISHED PATENT
DOCUMENTATION NOW AVAILABLE IN DERWENT WORLD PATENTS INDEX
FIRST VIEW - FILE WPIFV.
FOR FURTHER DETAILS: http://www.thomsonderwent.com/dwpifv <<<

>>> THE CPI AND EPI MANUAL CODES HAVE BEEN REVISED FROM UPDATE 200501.
PLEASE CHECK:
http://thomsonderwent.com/support/dwpiref/reftools/classification/code-rev
FOR DETAILS. <<<

FILE MEDLINE
FILE LAST UPDATED: 3 SEP 2005 (20050903/UP). FILE COVERS 1950 TO DATE.

On December 19, 2004, the 2005 MeSH terms were loaded.

The MEDLINE reload for 2005 is now available. For details enter HELP

RLOAD at an arrow promt (=>). See also:

http://www.nlm.nih.gov/mesh/
http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html

OLDMEDLINE now back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2005 vocabulary.

This file contains CAS Registry Numbers for easy and accurate substance identification.

FILE EMBASE
FILE COVERS 1974 TO 1 Sep 2005 (20050901/ED)

EMBASE has been reloaded. Enter HELP RLOAD for details.

This file contains CAS Registry Numbers for easy and accurate substance identification.

=>

```
=> file registry
FILE 'REGISTRY' ENTERED AT 16:18:02 ON 06 SEP 2005
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
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Property values tagged with IC are from the ZIC/VINITI data file
provided by InfoChem.

STRUCTURE FILE UPDATES:    5 SEP 2005  HIGHEST RN 862458-90-0
DICTIONARY FILE UPDATES:   5 SEP 2005  HIGHEST RN 862458-90-0

New CAS Information Use Policies, enter HELP USAGETERMS for details.

TSCA INFORMATION NOW CURRENT THROUGH JULY 14, 2005

  Please note that search-term pricing does apply when
  conducting SmartSELECT searches.

*********************************************************************
*                                                                   *
* The CA roles and document type information have been removed from *
* the IDE default display format and the ED field has been added,   *
* effective March 20, 2005.  A new display format, IDERL, is now    *
* available and contains the CA role and document type information. *
*                                                                   *
*********************************************************************

Structure search iteration limits have been increased.  See HELP SLIMITS
for details.

Experimental and calculated property data are now available. For more
information enter HELP PROP at an arrow prompt in the file or refer
to the file summary sheet on the web at:
http://www.cas.org/ONLINE/DBSS/registryss.html

=> d que L1; d que L2; d que L3
L1            15 SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRINE?/CN


L2             2 SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN


L3            30 SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
```

```
=> □

=> file medline
FILE 'MEDLINE' ENTERED AT 16:26:27 ON 06 SEP 2005

 FILE LAST UPDATED: 3 SEP 2005 (20050903/UP). FILE COVERS 1950 TO DATE.

 On December 19, 2004, the 2005 MeSH terms were loaded.

 The MEDLINE reload for 2005 is now available. For details enter HELP
 RLOAD at an arrow promt (=>). See also:

    http://www.nlm.nih.gov/mesh/
    http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html

 OLDMEDLINE now back to 1950.

 MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the
 MeSH 2005 vocabulary.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.

=> d que L77

L54 (        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L55 (         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L56 (        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L57 (       857)SEA FILE=MEDLINE ABB=ON  PLU=ON  FINE J?/AU
L58 (     10040)SEA FILE=MEDLINE ABB=ON  PLU=ON  L54
L59 (       494)SEA FILE=MEDLINE ABB=ON  PLU=ON  L55
L60 (         4)SEA FILE=MEDLINE ABB=ON  PLU=ON  L56
L61 (      9919)SEA FILE=MEDLINE ABB=ON  PLU=ON  PHENYLEPHRINE+NT/CT
L62 (       494)SEA FILE=MEDLINE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L63 (      3053)SEA FILE=MEDLINE ABB=ON  PLU=ON  EPHEDRINE/CT
L64 (     13249)SEA FILE=MEDLINE ABB=ON  PLU=ON  NASAL DECONGESTANTS+NT/CT
L65 (      6076)SEA FILE=MEDLINE ABB=ON  PLU=ON  SYMPATHOMIMETICS/CT
L66 (     59717)SEA FILE=MEDLINE ABB=ON  PLU=ON  EAR+NT/CT
L67 (     13033)SEA FILE=MEDLINE ABB=ON  PLU=ON  PARANASAL SINUSES+NT/CT
L68 (     16982)SEA FILE=MEDLINE ABB=ON  PLU=ON  OTITIS+NT/CT
L69 (      9840)SEA FILE=MEDLINE ABB=ON  PLU=ON  SINUSITIS+NT/CT
L70 (     15461)SEA FILE=MEDLINE ABB=ON  PLU=ON  RHINITIS+NT/CT
L71 (        10)SEA FILE=MEDLINE ABB=ON  PLU=ON  AEROSINUSIT? OR BAROSINUSIT?
                   OR BAROTITUS OR AEROTITUS
L72 (      7906)SEA FILE=MEDLINE ABB=ON  PLU=ON  ATMOSPHERIC PRESSURE+NT/CT
L73 (      8547)SEA FILE=MEDLINE ABB=ON  PLU=ON  ALTITUDE+NT/CT
L74 (      4501)SEA FILE=MEDLINE ABB=ON  PLU=ON  BAROTRAUMA+NT/CT
L75 (       846)SEA FILE=MEDLINE ABB=ON  PLU=ON  DECOMPRESSION/CT
L76 (      4904)SEA FILE=MEDLINE ABB=ON  PLU=ON  AIRCRAFT/CT
L77           1 SEA FILE=MEDLINE ABB=ON  PLU=ON  L57 AND (L58 OR L59 OR L60 OR
                  L61 OR L62 OR L63 OR L64 OR L65 OR L66 OR L67 OR L68 OR L69 OR
                  L70 OR L71 OR L72 OR L73 OR L74 OR L75 OR L76)


=> file embase

FILE 'EMBASE' ENTERED AT 16:26:29 ON 06 SEP 2005
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```

Inventor Search

FILE COVERS 1974 TO 1 Sep 2005 (20050901/ED)

EMBASE has been reloaded. Enter HELP RLOAD for details.

This file contains CAS Registry Numbers for easy and accurate substance identification.

=> d que L151

```
L127(        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L128(         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L129(        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L130(       417)SEA FILE=EMBASE ABB=ON  PLU=ON  FINE J?/AU
L131(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  L127
L132(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  L128
L133(      2190)SEA FILE=EMBASE ABB=ON  PLU=ON  L129
L134(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  PHENYLEPHRINE/CT
L135(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L136(      2198)SEA FILE=EMBASE ABB=ON  PLU=ON  PSEUDOEPHEDRINE/CT OR PSEUDOEPH
                  EDRINE DERIVATIVE/CT
L137(      1919)SEA FILE=EMBASE ABB=ON  PLU=ON  DECONGESTIVE AGENT/CT
L138(     17828)SEA FILE=EMBASE ABB=ON  PLU=ON  OTITIS+NT/CT
L139(     11547)SEA FILE=EMBASE ABB=ON  PLU=ON  SINUSITIS+NT/CT
L140(     20888)SEA FILE=EMBASE ABB=ON  PLU=ON  RHINITIS+NT/CT
L141(     35041)SEA FILE=EMBASE ABB=ON  PLU=ON  EAR+NT/CT
L142(      7434)SEA FILE=EMBASE ABB=ON  PLU=ON  PARANASAL SINUS+NT/CT
L143(         8)SEA FILE=EMBASE ABB=ON  PLU=ON  AEROSINUSIT? OR BAROSINUSIT?
                  OR BAROTITUS OR AEROTITUS
L144(      2612)SEA FILE=EMBASE ABB=ON  PLU=ON  ATMOSPHERIC PRESSURE/CT
L145(      5022)SEA FILE=EMBASE ABB=ON  PLU=ON  ALTITUDE/CT
L146(      4998)SEA FILE=EMBASE ABB=ON  PLU=ON  BAROTRAUMA+NT/CT
L147(      1466)SEA FILE=EMBASE ABB=ON  PLU=ON  DECOMPRESSION/CT
L148(      2197)SEA FILE=EMBASE ABB=ON  PLU=ON  AIRCRAFT/CT
L149(       965)SEA FILE=EMBASE ABB=ON  PLU=ON  OTALGIA/CT
L150(      3053)SEA FILE=EMBASE ABB=ON  PLU=ON  AVIATION/CT
L151          1 SEA FILE=EMBASE ABB=ON  PLU=ON  L130 AND (L131 OR L132 OR L133
                  OR L134 OR L135 OR L136 OR L137 OR L138 OR L139 OR L140 OR
                  L141 OR L142 OR L143 OR L144 OR L145 OR L146 OR L147 OR L148
                  OR L149 OR L150)
```

=> file caplus

FILE 'CAPLUS' ENTERED AT 16:26:31 ON 06 SEP 2005
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

FILE COVERS 1907 - 6 Sep 2005 VOL 143 ISS 11

```
FILE LAST UPDATED: 5 Sep 2005  (20050905/ED)

New CAS Information Use Policies, enter HELP USAGETERMS for details.

  This file contains CAS Registry Numbers for easy and accurate
  substance identification.
'OBI' IS DEFAULT SEARCH FIELD FOR 'CAPLUS' FILE

=> d que L23

L1            15 SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRINE?/CN
L2             2 SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L3            30 SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L4           472 SEA FILE=CAPLUS ABB=ON  PLU=ON  FINE J?/AU
L5          7472 SEA FILE=CAPLUS ABB=ON  PLU=ON  L1
L6           838 SEA FILE=CAPLUS ABB=ON  PLU=ON  L2
L7          2223 SEA FILE=CAPLUS ABB=ON  PLU=ON  L3
L8           134 SEA FILE=CAPLUS ABB=ON  PLU=ON  DECONGESTANTS/CT (L) NASAL/OBI

L9          9371 SEA FILE=CAPLUS ABB=ON  PLU=ON  EAR/CT
L10         6507 SEA FILE=CAPLUS ABB=ON  PLU=ON  SINUS?/OBI
L11         1232 SEA FILE=CAPLUS ABB=ON  PLU=ON  OTITIS?/OBI
L12         3900 SEA FILE=CAPLUS ABB=ON  PLU=ON  RHINITIS?/OBI
L13            9 SEA FILE=CAPLUS ABB=ON  PLU=ON  EAR ACHE?/OBI OR EARACHE?/OBI
                 OR OTALGIA?/OBI
L14            4 SEA FILE=CAPLUS ABB=ON  PLU=ON  EAR/CT (L) ACHE/OBI
L15            6 SEA FILE=CAPLUS ABB=ON  PLU=ON  PAIN/OBI (L) OTIC/OBI
L16          793 SEA FILE=CAPLUS ABB=ON  PLU=ON  BAROMET?/OBI
L17            9 SEA FILE=CAPLUS ABB=ON  PLU=ON  BAROTRAUM?/OBI
L18         6358 SEA FILE=CAPLUS ABB=ON  PLU=ON  AIRCRAFT/CT
L19         6651 SEA FILE=CAPLUS ABB=ON  PLU=ON  ALTITUD?/OBI
L20         1051 SEA FILE=CAPLUS ABB=ON  PLU=ON  DECOMPRESS?/OBI
L21        13540 SEA FILE=CAPLUS ABB=ON  PLU=ON  PRESSURE/OBI (L) ATMOSPHER?/OBI

L23            1 SEA FILE=CAPLUS ABB=ON  PLU=ON  L4 AND (L5 OR L6 OR L7 OR L8)
                 AND (L9 OR L10 OR L11 OR L12 OR L13 OR L14 OR L15 OR L16 OR
                 L17 OR L18 OR L19 OR L20 OR L21)


=> file JICST-EPLUS, PASCAL, BIOSIS, TOXCENTER, SCISEARCH, NTIS, NIOSHTIC, MECHENG,
AEROSPACE, WPIX

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```
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=> d que L37

L1            15 SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRINE?/CN
L2             2 SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L3            30 SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L25         2415 SEA FINE J?/AU OR FINE, J?/AU
L26        17771 SEA L1 OR L2 OR L3
L27        37620 SEA METAOXEDRIN? OR METASYMPATOL? OR MEZATON? OR NEO-SYNEPHRIN?
                  OR NEOSYNEPHRIN? OR PHENYLEPHRIN?
L28          547 SEA ETILEFRIN? OR ETHYLNORPHENYLEPHRIN? OR ETHYLPHENYLEPHRIN?
                  OR CIRCUPON
L29          114 SEA EFFORTIL OR ETHYL ADRIANOL OR ETHYLADRIANOL OR FETANOL OR
                  PHETANOL OR THOMASIN
L30         2243 SEA OXYMETAZOLIN?
L31        14064 SEA EPHEDRIN? OR PSEUDOEPHEDRIN? OR ISOEPHEDRIN?
L32         4402 SEA DECONGESTANT? OR (NOSE OR NASAL? OR SINUS?) (2A) (VASOCONST
                  RICT?)
L33       517630 SEA OTITIS? OR SINUS? OR RHINITIS? OR EAR OR EARACHE OR
                  OTALGI? OR OTIC (2A) PAIN
L34           40 SEA AEROSINUSIT? OR BAROSINUSIT? OR BAROTITUS OR AEROTITUS
L35       315430 SEA ATMOSPHERIC PRESSUR? OR ALTITUD? OR BAROTRAUM? OR DECOMPRES
                  S?
L36       839250 SEA AIRCRAFT? OR AIRPLANE? OR AEROPLANE? OR FLIGHT?
L37            3 SEA L25 AND (L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR L32)
                  AND (L33 OR L34 OR L35 OR L36)


=> dup rem L77 L23 L151 L37

FILE 'MEDLINE' ENTERED AT 16:26:35 ON 06 SEP 2005

FILE 'CAPLUS' ENTERED AT 16:26:35 ON 06 SEP 2005
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PROCESSING COMPLETED FOR L77
PROCESSING COMPLETED FOR L23
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PROCESSING COMPLETED FOR L151
PROCESSING COMPLETED FOR L37
L243 5 DUP REM L77 L23 L151 L37 (1 DUPLICATE REMOVED)
ANSWER '1' FROM FILE MEDLINE
ANSWER '2' FROM FILE CAPLUS
ANSWER '3' FROM FILE EMBASE
ANSWERS '4-5' FROM FILE WPIX

=> d iall 1-5

L243 ANSWER 1 OF 5 MEDLINE on STN
ACCESSION NUMBER: 68361509 MEDLINE
DOCUMENT NUMBER: PubMed ID: 4174423
TITLE: Phenylephrine hydrochloride nose drops.
AUTHOR: **Fine J**
SOURCE: South African medical journal. Suid-Afrikaanse tydskrif vir geneeskunde, (1968 Jun 8) 42 (22) 568.
Journal code: 0404520. ISSN: 0256-9574.
PUB. COUNTRY: South Africa
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 196810
ENTRY DATE: Entered STN: 19900101
Last Updated on STN: 19980206
Entered Medline: 19681001
CONTROLLED TERM: Humans
***Nasal Decongestants: AE, adverse effects**
***Phenylephrine: AE, adverse effects**
*Substance-Related Disorders
CAS REGISTRY NO.: **59-42-7 (Phenylephrine)**
CHEMICAL NAME: 0 (Nasal Decongestants)

L243 ANSWER 2 OF 5 CAPLUS COPYRIGHT 2005 ACS on STN DUPLICATE 1
ACCESSION NUMBER: 2004:513347 CAPLUS
DOCUMENT NUMBER: 141:33845
ENTRY DATE: Entered STN: 25 Jun 2004
TITLE: Method using ingested and sprayed nasal decongestants for alleviating **barometric**-induced symptoms in airline passengers
INVENTOR(S): **Fine, Jeffrey B.**
PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 3 pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
INT. PATENT CLASSIF.:
MAIN: A61K031-137
US PATENT CLASSIF.: 514649000
CLASSIFICATION: 1-12 (Pharmacology)
Section cross-reference(s): 63
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.		DATE
US 2004122107	A1	20040624	US 2003-662137		20030912
PRIORITY APPLN. INFO.:			US 2002-410633P	P	20020913

PATENT CLASSIFICATION CODES:
PATENT NO. CLASS PATENT FAMILY CLASSIFICATION CODES

US 2004122107	ICM	A61K031-137
	INCL	514649000
US 2004122107	NCL	514/649.000
	ECLA	A61K031/00; A61K031/137

ABSTRACT:
The invention discloses a method for alleviating the symptoms of ear and sinus cavity blockage in a descending aircraft, as well as a kit that provides the medications and instructions for a user to accomplish the method. The method involves ingesting a nasal decongestant at least one hour before the scheduled aircraft landing time, for nonspecific shrinking of the nasal lining, and applying a nasal decongestant spray into the nose later in flight than the ingestion of the nasal decongestant, to shrink the nasal lining. The ingested and sprayed decongestants help to shrink the mucosa, including at least the nasal lining, to decrease the pain associated with blockage as an aircraft descends. The ingested nasal decongestant currently comprises pseudoephedrine, and the preferred dose is about 60 mg. The sprayed nasal decongestant currently comprises either phenylephrine or oxymetazoline, either of which may be in a concentration up to about 1%.

SUPPL. TERM: ear **sinus** blockage airline passenger nasal decongestant; pseudoephedrine phenylephrine ear **sinus** blockage airline passenger; oxymetazoline pseudoephedrine ear **sinus** blockage airline passenger

INDEX TERM: **Aircraft**
Ear
Human
(ingested and sprayed nasal decongestants for alleviating **barometric**-induced symptoms in airline passengers)

INDEX TERM: Nose
(mucosa; ingested and sprayed nasal decongestants for alleviating **barometric**-induced symptoms in airline passengers)

INDEX TERM: **Decongestants**
(**nasal**; ingested and sprayed **nasal** decongestants for alleviating **barometric** -induced symptoms in airline passengers)

INDEX TERM: Drug delivery systems
(oral; ingested and sprayed nasal decongestants for alleviating **barometric**-induced symptoms in airline passengers)

INDEX TERM: Body, anatomical
(**sinus**; ingested and sprayed nasal decongestants for alleviating **barometric** -induced symptoms in airline passengers)

INDEX TERM: Drug delivery systems
(sprays; ingested and sprayed nasal decongestants for alleviating **barometric**-induced symptoms in airline passengers)

INDEX TERM: **59-42-7**, Phenylephrine **90-82-4**, Pseudoephedrine **1491-59-4**, Oxymetazoline
ROLE: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(ingested and sprayed nasal decongestants for alleviating **barometric**-induced symptoms in airline passengers)

on STN
ACCESSION NUMBER: 1998076432 EMBASE
TITLE: Does the weather trigger pediatric asthma emergency department visits?.
AUTHOR: Palusci V.J.; Mustalish E.K.; **Fine J.**; Kwittken P.L.; Berkowitz W.; Roncoli M.; Courtlandt C.D.; Sturm G.W.
CORPORATE SOURCE: V.J. Palusci, DeVos Child. Hospital at Butterworth, Grand Rapids, MI, United States
SOURCE: Ambulatory Child Health, (1998) Vol. 3, No. 4, pp. 357-363. Refs: 6
ISSN: 1355-5626 CODEN: ACHEFY
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 007 Pediatrics and Pediatric Surgery
015 Chest Diseases, Thoracic Surgery and Tuberculosis
024 Anesthesiology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 19980326
Last Updated on STN: 19980326

ABSTRACT: Objective. To identify the weather conditions associated with pediatric emergency department visits for asthma. Design. Historical cohort study. Setting. Pediatric emergency department of an inner-city public hospital. Participants. All emergency department visits by children less than 18 years of age with a principal discharge diagnosis of asthma during the period March, 1991 through August, 1995. Methods. Information was obtained from emergency department patient log books for each visit consisting of patient name, date of visit, disposition and principal diagnosis. Repeat visits for asthma within 7 days were excluded. Controlling for the day of the week and month of the year, we studied the correlation of the daily number of emergency department asthma visits with changes in temperature, dew point, barometric pressure, precipitation, wind velocity and direction, relative humidity and wind chill, Results. There were 6741 asthma visits resulting in 1180 hospital admissions during the 54 month study period. Barometric pressure, day of the week and month of the year were independently associated with pediatric asthma emergency department visits. Conclusions and implications for practice. Meteorological parameters may play a role in pediatric asthma exacerbation. Clinicians should consider the effect of barometric pressure in patient management and should educate families about the need for an action plan for weather-related asthma exacerbation.

CONTROLLED TERM: Medical Descriptors:
*asthma: DI, diagnosis
*weather
*emergency medicine
emergency ward
united states
patient information
environmental temperature
atmospheric pressure
precipitation
wind
velocity
humidity
hospital admission
patient care
meteorology
human
major clinical study
adolescent

child
adult
article
priority journal

L243 ANSWER 4 OF 5 WPIX COPYRIGHT 2005 THE THOMSON CORP on STN
ACCESSION NUMBER: 2004-348182 [32] WPIX
DOC. NO. CPI: C2004-132504
TITLE: New substituted thiadiazoledioxide and thiadiazolemonooxide derivatives are chemokine receptor inhibitors useful for the treatment of e.g. Alzheimer's disease, allograft rejections, malaria and stroke.
DERWENT CLASS: B02 B03
INVENTOR(S): AKI, C J; BALDWIN, J J; BIJU, P J; CHAO, J; **FINE, J S**; HECKER, E A; HIPKIN, W; LAI, G; LI, G; MERRITT, J R; TAVERAS, A G; WU, M; YU, Y
PATENT ASSIGNEE(S): (PHAR-N) PHARMACOPEIA INC; (PHAR-N) PHARMACOPEIA DRUG DISCOVERY INC; (SCHE) SCHERING CORP
COUNTRY COUNT: 104
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
WO 2004033440	A1	20040422	(200432)*	EN	540	C07D285-10
RW: AT BE BG CH CY CZ DE DK EA EE ES FI FR GB GH GM GR HU IE IT KE LS LU MC MW MZ NL OA PT RO SD SE SI SK SL SZ TR TZ UG ZM ZW						
W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CZ DE DK DM DZ EC EE EG ES FI GB GD GE HR HU ID IL IN IS JP KG KR KZ LC LK LR LT LU LV MA MD MG MK MN MX MZ NI NO NZ PG PH PL PT RO RU SC SE SG SK SL SY TJ TM TN TR TT TZ UA UZ VC VN YU ZA ZM						
US 2004186142	A1	20040923	(200463)			A61K031-4439
AU 2003288922	A1	20040504	(200465)			C07D285-10
EP 1551818	A1	20050713	(200546)	EN		C07D285-10
R: AL AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HU IE IT LI LT LU LV MC MK NL PT RO SE SI SK TR						

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 2004033440	A1	WO 2003-US31707	20031007
US 2004186142	A1 Provisional	US 2002-417371P	20021009
		US 2003-680393	20031007
AU 2003288922	A1	AU 2003-288922	20031007
EP 1551818	A1	EP 2003-781311	20031007
		WO 2003-US31707	20031007

FILING DETAILS:

PATENT NO	KIND	PATENT NO
AU 2003288922	A1 Based on	WO 2004033440
EP 1551818	A1 Based on	WO 2004033440

PRIORITY APPLN. INFO: US 2002-417371P 20021009; US 2003-680393 20031007
INT. PATENT CLASSIF.:
MAIN: A61K031-4439; C07D285-10
SECONDARY: A61K031-433; A61K031-4436; C07D417-02; C07D417-12; C07D417-14

BASIC ABSTRACT:

WO2004033440 A UPAB: 20040520

NOVELTY - Substituted thiadiazoledioxide and thiadiazolemonooxide derivatives (I) and their salts or solvates are new.

DETAILED DESCRIPTION - Substituted thiadiazoledioxide and thiadiazolemonooxide derivatives of formula (I) and their salts or solvates are new.

A = e.g. pyridine derivative, furan derivative, pyrrole derivative, benzene derivative, thiazine derivative, cyclohexane derivative, oxazole derivative or cyclopropane derivative;

B = e.g. benzene derivative, pyridone derivative, pyrrole derivative or pyridine derivative; and

g = 1 or 2.

An INDEPENDENT CLAIM is also included for a pharmaceutical composition comprising at least one compound (I) and at least one other agent, medicament, antibody and/or inhibitor for treating a chemokine mediated disease, in combination with a pharmaceutically acceptable carrier.

ACTIVITY - Cytostatic; Analgesic; Antiangiogenesis; Ophthalmological; Antiinflammatory; Antirheumatic; Antiarthritic; Antipsoriatic; Respiratory-Gen.; Dermatological; Antiasthmatic; Antiulcer; Gastrointestinal-Gen.; Antibacterial; Immunosuppressive; Nootropic; Neuroprotective; Cardiant; Cerebroprotective; Vasotropic; Nephrotropic; Thrombolytic; Antimalrial; Antiatherosclerotic; Osteopathic; Anti-HIV; Virucide; Hepatotropic; Antitussive; CNS-Gen.; Antipruritic; Hemostatic; Tranquilizer; Vulnerary; Hypotensive; Antidiabetic; Muscular-Gen.; Antiseborrheic; Litholytic; Endocrine-Gen.; Antianemic; Auditory; Gynecological; Thyromimetic; Antipruritic; Uropathic.

MECHANISM OF ACTION - CC chemokine receptor inhibitor; CXC chemokine receptor inhibitor.

(I) were assessed for chemokine receptor inhibitor activity in xg hCXCR2-CHO overexpressing membranes (Biosignal). The median inhibitory concetration of 2-hydroxy-3-((4-(isopropylamino)-1,1-dioxido-1,2,5-thiadiazol-3-yl)amino)-N,N-dimethylbenzamide was 5 micro M.

USE - (I) are useful for the treatment of chemokine mediated diseases, CCR7, CXCR1 and/or a CXCR2 mediated disease or condition e.g. cancer, inhibiting angiogenesis, angiogenic ocular disease, acute pain, acute inflammation, chronic inflammation, rheumatoid arthritis, acute inflammatory pain, chronic inflammatory pain, neuropathic pain, psoriasis, atopic dermatitis, asthma, COPD, adult respiratory disease, arthritis, inflammatory bowel disease, Crohn's disease, ulcerative colitis, septic shock, endotoxic shock, gram negative sepsis, toxic shock syndrome, stroke, cardiac reperfusion injury, renal reperfusion injury, glomerulonephritis, thrombosis, Alzheimer's disease, graft vs. host reaction, allograft rejections, malaria, acute respiratory distress syndrome, delayed type hypersensitivity reaction, atherosclerosis, cerebral ischemia, cardiac ischemia, osteoarthritis, multiple sclerosis, restenosis, osteoporosis, gingivitis, respiratory viruses, herpes viruses, hepatitis viruses, HIV, Kaposi's sarcoma associated virus, meningitis, cystic fibrosis, pre-term labor, cough, pruritis, multi-organ dysfunction, trauma, strains, sprains, contusions, psoriatic arthritis, herpes, encephalitis, CNS vasculitis, traumatic brain injury, CNS tumors, subarachnoid hemorrhage, post surgical trauma, interstitial pneumonitis, hypersensitivity, crystal induced arthritis, acute pancreatitis, chronic pancreatitis, acute alcoholic hepatitis, necrotizing enterocolitis, chronic **sinusitis**, angiogenic ocular disease, ocular inflammation, retinopathy of prematurity, diabetic retinopathy, macular degeneration with the wet type preferred, corneal neovascularization, polymyositis, vasculitis, acne, gastric ulcers, duodenal ulcers, celiac disease, esophagitis, glossitis, airflow obstruction, airway

hyperresponsiveness, bronchiectasis, bronchiolitis, bronchiolitis obliterans, chronic bronchitis, cor pulmonae, dyspnea, emphysema, hypercapnea, hyperinflation, hypoxemia, hyperoxia-induced inflammations, hypoxia, surgical lung volume reduction, pulmonary fibrosis, pulmonary hypertension, right ventricular hypertrophy, peritonitis associated with continuous ambulatory peritoneal dialysis (CAPD), granulocytic ehrlichiosis, sarcoidosis, small airway disease, ventilation perfusion mismatching, wheeze, colds, gout, alcoholic liver disease, lupus, burn therapy, periodontitis, cancer, transplant reperfusion injury, early transplantation rejection, airway hyperreactivity, allergic contact dermatitis, allergic **rhinitis**, alopecia areata, antiphospholipid syndromes, aplastic anemia, autoimmune deafness, autoimmune hemolytic syndromes, autoimmune hepatitis, autoimmune neuropathy, autoimmune ovarian failure, autoimmune orchitis, autoimmune thrombocytopenia, bullous pemphigoid, chronic allograft vasculopathy, chronic inflammatory demyelinating polyneuropathy, cirrhosis, cor pneumoniae, cryoglobulinemia, dermatomyositis, diabetes, drug-induced autoimmunity, epidermolysis bullosa acquisita, endometriosis, fibrotic diseases, gastritis, Goodpasture's syndrome, Graves' disease, Gullain-Barre disease, Hashimoto's thyroiditis, hepatitis-associated autoimmunity, HIV-related autoimmune syndromes and hematologic disorders, hypophytis, idiopathic thrombocytic pupura, interstitial cystitis, juvenile arthritis, Langerhans' cell histiocytitis, lichen planus, metal-induced autoimmunity, myasthenia gravis, myelodysplastic syndromes, myocarditis, myositis, Neuropathies, nephritic syndrome, optic neuritis, pancreatitis, paroxysmal nocturnal hemoglobulinemia, pemphigus, polymyalgia, post-infectious autoimmunity, primary biliary cirrhosis, reactive arthritis, ankylosing spondylitis, Raynaud's phenomenon, Reiter's syndrome, reperfusion injury, scleritis, scleroderma, secondary hematologic manifestation of autoimmune diseases, silicone implant associated autoimmune disease, Sjogren's syndrome, systemic lupus erythematosus, thrombocytopenia, transverse myelitis, tubulointerstitial nephritis, uveitis, vasculitis syndromes and Vitiligo where the allograft rejections are acute allograft rejections and chronic allograft rejections, Early transplantation rejection is an acute allograft rejection, Autoimmune deafness is Meniere's disease, Myocarditis is viral myocarditis, Neuropathies are IgA neuropathy, membranous neuropathy and idiopathic neuropathy, Autoimmune diseases are anemias and Vasculitis syndromes are giant cell arteritis , Behcet's disease and Wegener's granulomatosis (claimed).

Dwg.0/0

FILE SEGMENT: CPI
FIELD AVAILABILITY: AB; GI; DCN
MANUAL CODES: CPI: B06-D09; B07-F03; B14-A02; B14-A02A3; B14-A03B; B14-C01; B14-C02; B14-C03; B14-C09; B14-C09A; B14-C09B; B14-E10C; B14-F01E; B14-F01G; B14-F02; B14-F02D1; B14-F02F1; B14-F04; B14-F05; B14-F07; B14-F08; B14-G02B; B14-G02C; B14-G02D; B14-H01; B14-J01A4; B14-J05; B14-K01; B14-K01A; B14-K01B; B14-N01; B14-N03; B14-N04; B14-N06B; B14-N07; B14-N10; B14-N11; B14-N12; B14-N13; B14-N16; B14-N17; B14-P03; B14-S01; B14-S04; B14-S06

L243 ANSWER 5 OF 5 WPIX COPYRIGHT 2005 THE THOMSON CORP on STN
ACCESSION NUMBER: 2003-833503 [77] WPIX
DOC. NO. CPI: C2003-234475
TITLE: Use of chemokine receptor antagonists in combination with drugs, agents or therapeutics in the manufacture of a medicament for the treatment of chemokine mediated diseases.
DERWENT CLASS: B05

INVENTOR(S): BIJU, P; BILLAH, M; BOBER, L A; CHAO, J; **FINE, J S**; JAKWAY, J; KREUTNER, W; LUNDELL, D; TAVERAS, A G; YU, Y; LUNDELL, D J; BIJU, P J
PATENT ASSIGNEE(S): (SCHE) SCHERING CORP
COUNTRY COUNT: 101
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
WO 2003080053	A1	20031002	(200377)*	EN	107	A61K031-422
RW: AT BE BG CH CY CZ DE DK EA EE ES FI FR GB GH GM GR HU IE IT KE LS LU MC MW MZ NL OA PT SD SE SI SK SL SZ TR TZ UG ZM ZW						
W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CZ DE DK DM DZ EC EE ES FI GB GD GE HR HU ID IL IN IS JP KG KR KZ LC LK LR LT LU LV MA MD MG MK MN MX MZ NI NO NZ PH PL PT RO RU SC SE SG SK SL TJ TM TN TR TT TZ UA UZ VC VN YU ZA ZM						
US 2004053953	A1	20040318	(200421)			A61K031-44
AU 2003220384	A1	20031008	(200432)			A61K031-422
EP 1485089	A1	20041215	(200482)	EN		A61K031-422
R: AL AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HU IE IT LI LT LU LV MC MK NL PT RO SE SI SK TR						
BR 2003008739	A	20050111	(200512)			A61K031-422
NO 2004004402	A	20041217	(200520)			A61K031-422

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 2003080053	A1	WO 2003-US8287	20030317
US 2004053953	A1 Provisional	US 2002-365314P	20020318
		US 2003-390078	20030317
AU 2003220384	A1	AU 2003-220384	20030317
EP 1485089	A1	EP 2003-716685	20030317
		WO 2003-US8287	20030317
BR 2003008739	A	BR 2003-8739	20030317
		WO 2003-US8287	20030317
NO 2004004402	A	WO 2003-US8287	20030317
		NO 2004-4402	20041015

FILING DETAILS:

PATENT NO	KIND	PATENT NO
AU 2003220384	A1 Based on	WO 2003080053
EP 1485089	A1 Based on	WO 2003080053
BR 2003008739	A Based on	WO 2003080053

PRIORITY APPLN. INFO: US 2002-365314P 20020318; US 2003-390078 20030317
INT. PATENT CLASSIF.:
MAIN: A61K031-422; A61K031-44
SECONDARY: A61K031-34; A61K031-381; A61K031-4172; A61K031-421; A61K031-426; A61K031-4402; A61P001-00; A61P003-00; A61P007-00; A61P009-00; A61P011-00; A61P017-00; A61P019-00; A61P019-10; A61P025-00; A61P027-00; A61P029-00; A61P035-00

BASIC ABSTRACT:
WO2003080053 A UPAB: 20031128
NOVELTY - In the manufacture of a medicament useful for the treatment of chemokine mediated diseases, chemokine receptor antagonists in combination

with drugs, agents or therapeutics useful for the treatment of CXC chemokine diseases are used.

DETAILED DESCRIPTION - In the manufacture of a medicament useful for the treatment of chemokine mediated diseases, chemokine receptor antagonists of formula (I) in combination with drugs, agents or therapeutics useful for the treatment of CXC chemokine diseases are used.

A = e.g. -C(R7)(R8)-benzo(1,3)dioxol-5-yl (disubstituted at position 2 by R9 and R8), -C(R7)(R8)-benzo(1,3)dioxol-5-yl (disubstituted at position 2 by R9), -C(R7)(R8)-2,3-dihydro-benzofuran-6-yl, -C(R7)(R8)-benzofuran, -C(R7)(R8)-benzo(b)thiophene;

B = e.g. phenyl (substituted at positions 2, 3, 4, 5 and 6 by R2, R3, R4, R5 and R6 respectively);

R2 = e.g. H, OH, COOH, SH;

R3 and R4 = e.g. OH;

R5 and R6 = e.g. (hetero)aryl (optionally mono- - hexa-substituted by R9);

R7 and R8 = e.g. alkyl, aryl, heteroaryl, arylalkyl, heteroarylalkyl, cycloalkyl or cycloalkylalkyl (all optionally substituted);

R9 = e.g. halo, CF3.

Full Definitions are given in the DEFINITIONS (Full definitions and Preferred definitions) section.

ACTIVITY - Anti-inflammatory; Antipsoriatic; CNS Gen.; Antiasthmatic; Cytostatic; Dermatological; Respiratory Gen.; Antiarthritic; Gastrointestinal Gen.; Antiulcer; Antibacterial; Immunosuppressive; Cerebroprotective; Vasotropic; Cardiant; Nephrotropic; Thrombolytic; Anticoagulant; Nootropic; Neuroprotective; Antimalarial; Antiallergic; Antiarteriosclerotic; Osteopathic; Antiangiogenic; Virucide; Hepatotropic; Anti-HIV; Tocolytic; Antitussive; Antipruritic; Tranquilizer; Vulnerary; Hemostatic; Ophthalmological; Antidiabetic; Muscular Gen.; Antiseborrheic; Hypotensive; Antigout; Anntirheumatic.

MECHANISM OF ACTION - Interleukin (IL)-8 receptor binder or inhibitor; GRO- alpha chemokine inhibitor; CXC chemokine receptor antagonist.

A CXCR1 SPA assay was carried out as follows: A working stock solution of hCXCR1-CHO over expressing membranes with a specific activity of 3.47 pmol/mg and WGA-SPA beads (5 micro g/ml) was prepared in CXCR1 assay buffer N-2-hydroxyethylpiperazine-N-2-ethanesulfonic acid (HEPES (N-2-hydroxyethylpiperazine-N-2-ethanesulfonic acid) (25 mM), pH 7.8, CaCl2 (2 mM), MgCl2 (1 mM), NaCl (125 mM). The resulting mixture was incubated on ice for 5 minutes. A stock solution (0.125 nM), (125I)-interleukin-8 was prepared in the CXCR1 assay buffer. Compounds of formula (I), was first diluted in dimethylsulfoxide and then diluted 13.3 fold in CXCR1 assay buffer. The resulting solution was added to a corning NBS 96-well assay plate as follows: the test compound (20 micro l), membranes (20 micro l) and SPA bead mixture, ligand stock solution (10 micro l). The assay plates were incubated for 4 hours. The test compound showed an IC50 value of less than 20 micro M.

USE - For the treatment of chemokine mediated diseases e.g. psoriasis, atopic dermatitis, asthma, chronic obstructive pulmonary disorder, adult respiratory disease, arthritis, inflammatory bowel disease, Crohn's disease, ulcerative colitis, septic shock, endotoxic shock, gram negative sepsis, toxic shock syndrome, stroke, cardiac and renal reperfusion injury, glomerulonephritis, thrombosis, Alzheimer's disease, graft versus host reaction, allograft rejection, malaria, acute respiratory distress syndrome, delayed type hypersensitivity reaction, atherosclerosis, cerebral and cardiac ischemia, osteoarthritis, multiple sclerosis, restenosis, angiogenesis, osteoporosis, gingivitis, respiratory viruses, herpes viruses, hepatitis viruses, HIV, Kaposi's sarcoma associated virus, meningitis, cystic fibrosis, pre-term labor, cough,

pruritis, multi-organ dysfunction, trauma, strains, sprains, contusions, psoriatic arthritis, herpes, encephalitis, CNS vasculitis, traumatic brain injury, CNS tumors, subarachnoid hemorrhage, post surgical trauma, interstitial pneumonitis, hypersensitivity, crystal induced arthritis, acute and chronic pancreatitis, acute alcoholic hepatitis, necrotizing enterocolitis, chronic **sinusitis**, angiogenic ocular disease, ocular inflammation, retinopathy of prematurity, diabetic retinopathy, wet type macular degeneration, corneal neovascularization, polymyositis, vasculitis, acne, gastric and duodenal ulcer, celiac disease, esophagitis, glossitis, airflow obstruction, airway hyperresponsiveness, bronchiectasis, bronchiolitis, bronchiolitis obliterans, chronic bronchitis, cor pulmonae, dyspnea, emphysema, hypercapnea, hyperinflation, hypoxemia, hyperoxia-induced inflammation, hypoxia, surgical lung volume reduction, pulmonary fibrosis, pulmonary hypertension, right ventricular hypertrophy, peritonitis associated with continuous ambulatory peritoneal dialysis, granulocytic ehrlichiosis, sarcoidosis, small airway disease, ventilation-perfusion mismatching, wheeze, colds, gout, alcoholic liver disease, lupus, burn therapy, periodontitis, transplant reperfusion injury, early transplantation, rheumatoid arthritis (all claimed) and cancer. The inflammatory bowel diseases include acute and chronic inflammatory bowel disease and HIV includes AIDS.

ADVANTAGE - (I) inhibits interleukin-8 receptor binding.

Dwg.0/0

FILE SEGMENT: CPI
FIELD AVAILABILITY: AB; GI; DCN
MANUAL CODES: CPI: B01-B01; B01-B02; B01-C01; B02-C01; B04-C02E; B04-G01; B04-G21; B04-H02L; B04-L01; B04-N04; B05-B01J; B06-A01; B06-D01; B06-D03; B06-D09; B06-E05; B06-F02; B06-H; B07-A01; B07-D04C; B07-D08; B07-H; B10-A08; B10-A10; B10-B01A; B10-B01B; B10-B02D; B10-C03; B10-C04B; B10-C04C; B14-A01; B14-A02; B14-A03B; B14-C02; B14-C03; B14-C09; B14-E08; B14-E10; B14-F01; B14-F02; B14-F02B; B14-F04; B14-F07; B14-G01B; B14-G02C; B14-H01; B14-J01A4; B14-K01; B14-L06; B14-L07; B14-N01; B14-N03; B14-N12; B14-N13; B14-N16; B14-N17; B14-S01; B14-S06

=> □ Text Search

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=> file medline
FILE 'MEDLINE' ENTERED AT 16:35:17 ON 06 SEP 2005

 FILE LAST UPDATED: 3 SEP 2005 (20050903/UP).  FILE COVERS 1950 TO DATE.

 On December 19, 2004, the 2005 MeSH terms were loaded.

 The MEDLINE reload for 2005 is now available.  For details enter HELP
 RLOAD at an arrow promt (=>).  See also:

    http://www.nlm.nih.gov/mesh/
    http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html

 OLDMEDLINE now back to 1950.

 MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the
 MeSH 2005 vocabulary.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.

=> d que L90

L78 (        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L79 (         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L80 (        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L81 (     10040)SEA FILE=MEDLINE ABB=ON  PLU=ON  L78
L82 (       494)SEA FILE=MEDLINE ABB=ON  PLU=ON  L79
L83 (         4)SEA FILE=MEDLINE ABB=ON  PLU=ON  L80
L84 (      9919)SEA FILE=MEDLINE ABB=ON  PLU=ON  PHENYLEPHRINE+NT/CT
L85 (       494)SEA FILE=MEDLINE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L86 (      3053)SEA FILE=MEDLINE ABB=ON  PLU=ON  EPHEDRINE/CT
L87 (     13249)SEA FILE=MEDLINE ABB=ON  PLU=ON  NASAL DECONGESTANTS+NT/CT
L88 (      6076)SEA FILE=MEDLINE ABB=ON  PLU=ON  SYMPATHOMIMETICS/CT
L89 (        10)SEA FILE=MEDLINE ABB=ON  PLU=ON  AEROSINUSIT? OR BAROSINUSIT?
                   OR BAROTITUS OR AEROTITUS
L90             0 SEA FILE=MEDLINE ABB=ON  PLU=ON  (L81 OR L82 OR L83 OR L84 OR
                   L85 OR L86 OR L87 OR L88) AND L89


=> d que L113

L91 (        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L92 (         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L93 (        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L94 (     10040)SEA FILE=MEDLINE ABB=ON  PLU=ON  L91
L95 (       494)SEA FILE=MEDLINE ABB=ON  PLU=ON  L92
L96 (         4)SEA FILE=MEDLINE ABB=ON  PLU=ON  L93
L97 (      9919)SEA FILE=MEDLINE ABB=ON  PLU=ON  PHENYLEPHRINE+NT/CT
L98 (       494)SEA FILE=MEDLINE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L99 (      3053)SEA FILE=MEDLINE ABB=ON  PLU=ON  EPHEDRINE/CT
L100(     13249)SEA FILE=MEDLINE ABB=ON  PLU=ON  NASAL DECONGESTANTS+NT/CT
L101(      6076)SEA FILE=MEDLINE ABB=ON  PLU=ON  SYMPATHOMIMETICS/CT
L102(     59717)SEA FILE=MEDLINE ABB=ON  PLU=ON  EAR+NT/CT
L103(     13033)SEA FILE=MEDLINE ABB=ON  PLU=ON  PARANASAL SINUSES+NT/CT
L104(     16982)SEA FILE=MEDLINE ABB=ON  PLU=ON  OTITIS+NT/CT
L105(      9840)SEA FILE=MEDLINE ABB=ON  PLU=ON  SINUSITIS+NT/CT
```

```
L106(     15461)SEA FILE=MEDLINE ABB=ON  PLU=ON  RHINITIS+NT/CT
L107(      7906)SEA FILE=MEDLINE ABB=ON  PLU=ON  ATMOSPHERIC PRESSURE+NT/CT
L108(      8547)SEA FILE=MEDLINE ABB=ON  PLU=ON  ALTITUDE+NT/CT
L109(      4501)SEA FILE=MEDLINE ABB=ON  PLU=ON  BAROTRAUMA+NT/CT
L110(       846)SEA FILE=MEDLINE ABB=ON  PLU=ON  DECOMPRESSION/CT
L111(      4904)SEA FILE=MEDLINE ABB=ON  PLU=ON  AIRCRAFT/CT
L112(        14)SEA FILE=MEDLINE ABB=ON  PLU=ON  (L94 OR L95 OR L96 OR L97 OR
                   L98 OR L99 OR L100 OR L101) AND (L102 OR L103 OR L104 OR L105
                   OR L106) AND (L107 OR L108 OR L109 OR L110 OR L111)
L113         12 SEA FILE=MEDLINE ABB=ON  PLU=ON  L112 NOT (HEMATOMA OR HAY
                   FEVER)/CT


=> d que L126

L114(        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L115(         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L116(        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L117(     10040)SEA FILE=MEDLINE ABB=ON  PLU=ON  L114
L118(       494)SEA FILE=MEDLINE ABB=ON  PLU=ON  L115
L119(         4)SEA FILE=MEDLINE ABB=ON  PLU=ON  L116
L120(      9919)SEA FILE=MEDLINE ABB=ON  PLU=ON  PHENYLEPHRINE+NT/CT
L121(       494)SEA FILE=MEDLINE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L122(      3053)SEA FILE=MEDLINE ABB=ON  PLU=ON  EPHEDRINE/CT
L123(     13249)SEA FILE=MEDLINE ABB=ON  PLU=ON  NASAL DECONGESTANTS+NT/CT
L124(      6076)SEA FILE=MEDLINE ABB=ON  PLU=ON  SYMPATHOMIMETICS/CT
L125(       319)SEA FILE=MEDLINE ABB=ON  PLU=ON  EARACHE/CT
L126           4 SEA FILE=MEDLINE ABB=ON  PLU=ON  L125 AND (L117 OR L118 OR
                   L119 OR L120 OR L121 OR L122 OR L123 OR L124)


=> s (L90 or L113 or L126) not L77

L244         14 (L90 OR L113 OR L126) NOT L77

=> file embase

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=> d que L163

L152(        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L153(         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L154(        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L155(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  L152
L156(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  L153
L157(      2190)SEA FILE=EMBASE ABB=ON  PLU=ON  L154
L158(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  PHENYLEPHRINE/CT
L159(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L160(      2198)SEA FILE=EMBASE ABB=ON  PLU=ON  PSEUDOEPHEDRINE/CT OR PSEUDOEPH
                   EDRINE DERIVATIVE/CT
L161(      1919)SEA FILE=EMBASE ABB=ON  PLU=ON  DECONGESTIVE AGENT/CT
```

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```
L162(         8)SEA FILE=EMBASE ABB=ON  PLU=ON  AEROSINUSIT? OR BAROSINUSIT?
                OR BAROTITUS OR AEROTITUS
L163          0 SEA FILE=EMBASE ABB=ON  PLU=ON  (L155 OR L156 OR L157 OR L158
                OR L159 OR L160 OR L161) AND L162


=> d que L191

L164(        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L165(         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L166(        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L167(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  L164
L168(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  L165
L169(      2190)SEA FILE=EMBASE ABB=ON  PLU=ON  L166
L170(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  PHENYLEPHRINE/CT
L171(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L172(      2198)SEA FILE=EMBASE ABB=ON  PLU=ON  PSEUDOEPHEDRINE/CT OR PSEUDOEPH
                EDRINE DERIVATIVE/CT
L173(      1919)SEA FILE=EMBASE ABB=ON  PLU=ON  DECONGESTIVE AGENT/CT
L174(     17828)SEA FILE=EMBASE ABB=ON  PLU=ON  OTITIS+NT/CT
L175(     11547)SEA FILE=EMBASE ABB=ON  PLU=ON  SINUSITIS+NT/CT
L176(     20888)SEA FILE=EMBASE ABB=ON  PLU=ON  RHINITIS+NT/CT
L177(     35041)SEA FILE=EMBASE ABB=ON  PLU=ON  EAR+NT/CT
L178(      7434)SEA FILE=EMBASE ABB=ON  PLU=ON  PARANASAL SINUS+NT/CT
L179(      2612)SEA FILE=EMBASE ABB=ON  PLU=ON  ATMOSPHERIC PRESSURE/CT
L180(      5022)SEA FILE=EMBASE ABB=ON  PLU=ON  ALTITUDE/CT
L181(      4998)SEA FILE=EMBASE ABB=ON  PLU=ON  BAROTRAUMA+NT/CT
L182(      1466)SEA FILE=EMBASE ABB=ON  PLU=ON  DECOMPRESSION/CT
L183(      2197)SEA FILE=EMBASE ABB=ON  PLU=ON  AIRCRAFT/CT
L184(       965)SEA FILE=EMBASE ABB=ON  PLU=ON  OTALGIA/CT
L185(      3053)SEA FILE=EMBASE ABB=ON  PLU=ON  AVIATION/CT
L186(      1409)SEA FILE=EMBASE ABB=ON  PLU=ON  FLIGHT/CT
L187(       641)SEA FILE=EMBASE ABB=ON  PLU=ON  NOSE SPRAY/CT
L188(    467818)SEA FILE=EMBASE ABB=ON  PLU=ON  ORAL DRUG ADMINISTRATION/CT
L189(        25)SEA FILE=EMBASE ABB=ON  PLU=ON  (L167 OR L168 OR L169 OR L170
                OR L171 OR L172 OR L173) AND ((L174 OR L175 OR L176 OR L177 OR
                L178) OR L184) AND ((L179 OR L180 OR L181 OR L182 OR L183) OR
                L185 OR L186)
L190(         3)SEA FILE=EMBASE ABB=ON  PLU=ON  L189 AND (NA/CT OR L187) AND
                (L188 OR PO/CT OR LI/CT)
L191          2 SEA FILE=EMBASE ABB=ON  PLU=ON  BAROTRAUMA/CT AND L190


=> d que L217

L192(        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L193(         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L194(        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L195(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  L192
L196(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  L193
L197(      2190)SEA FILE=EMBASE ABB=ON  PLU=ON  L194
L198(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  PHENYLEPHRINE/CT
L199(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L200(      2198)SEA FILE=EMBASE ABB=ON  PLU=ON  PSEUDOEPHEDRINE/CT OR PSEUDOEPH
                EDRINE DERIVATIVE/CT
L201(      1919)SEA FILE=EMBASE ABB=ON  PLU=ON  DECONGESTIVE AGENT/CT
L202(     17828)SEA FILE=EMBASE ABB=ON  PLU=ON  OTITIS+NT/CT
L203(     11547)SEA FILE=EMBASE ABB=ON  PLU=ON  SINUSITIS+NT/CT
L204(     20888)SEA FILE=EMBASE ABB=ON  PLU=ON  RHINITIS+NT/CT
L205(     35041)SEA FILE=EMBASE ABB=ON  PLU=ON  EAR+NT/CT
```

subheadings!
PO = oral drug administrat.
LI = sublingua drug admin.
NA = nasal drug admin.

```
L206(      7434)SEA FILE=EMBASE ABB=ON  PLU=ON  PARANASAL SINUS+NT/CT
L207(      2612)SEA FILE=EMBASE ABB=ON  PLU=ON  ATMOSPHERIC PRESSURE/CT
L208(      5022)SEA FILE=EMBASE ABB=ON  PLU=ON  ALTITUDE/CT
L209(      4998)SEA FILE=EMBASE ABB=ON  PLU=ON  BAROTRAUMA+NT/CT
L210(      1466)SEA FILE=EMBASE ABB=ON  PLU=ON  DECOMPRESSION/CT
L211(      2197)SEA FILE=EMBASE ABB=ON  PLU=ON  AIRCRAFT/CT
L212(       965)SEA FILE=EMBASE ABB=ON  PLU=ON  OTALGIA/CT
L213(      3053)SEA FILE=EMBASE ABB=ON  PLU=ON  AVIATION/CT
L214(      1409)SEA FILE=EMBASE ABB=ON  PLU=ON  FLIGHT/CT
L215(        25)SEA FILE=EMBASE ABB=ON  PLU=ON  (L195 OR L196 OR L197 OR L198
                  OR L199 OR L200 OR L201) AND ((L202 OR L203 OR L204 OR L205 OR
                  L206) OR L212) AND ((L207 OR L208 OR L209 OR L210 OR L211) OR
                  L213 OR L214)
L216(      1476)SEA FILE=EMBASE ABB=ON  PLU=ON  AIRPLANE CREW/CT
L217          2 SEA FILE=EMBASE ABB=ON  PLU=ON  L215 AND L216


=> d que L242

L218(        15)SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRIN?/CN
L219(         2)SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L220(        30)SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L221(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  L218
L222(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  L219
L223(      2190)SEA FILE=EMBASE ABB=ON  PLU=ON  L220
L224(     18883)SEA FILE=EMBASE ABB=ON  PLU=ON  PHENYLEPHRINE/CT
L225(      1884)SEA FILE=EMBASE ABB=ON  PLU=ON  OXYMETAZOLINE/CT
L226(      2198)SEA FILE=EMBASE ABB=ON  PLU=ON  PSEUDOEPHEDRINE/CT OR PSEUDOEPH
                  EDRINE DERIVATIVE/CT
L227(     17828)SEA FILE=EMBASE ABB=ON  PLU=ON  OTITIS+NT/CT
L228(     11547)SEA FILE=EMBASE ABB=ON  PLU=ON  SINUSITIS+NT/CT
L229(     20888)SEA FILE=EMBASE ABB=ON  PLU=ON  RHINITIS+NT/CT
L230(     35041)SEA FILE=EMBASE ABB=ON  PLU=ON  EAR+NT/CT
L231(      7434)SEA FILE=EMBASE ABB=ON  PLU=ON  PARANASAL SINUS+NT/CT
L232(      2612)SEA FILE=EMBASE ABB=ON  PLU=ON  ATMOSPHERIC PRESSURE/CT
L233(      5022)SEA FILE=EMBASE ABB=ON  PLU=ON  ALTITUDE/CT
L234(      4998)SEA FILE=EMBASE ABB=ON  PLU=ON  BAROTRAUMA+NT/CT
L235(      1466)SEA FILE=EMBASE ABB=ON  PLU=ON  DECOMPRESSION/CT
L236(      2197)SEA FILE=EMBASE ABB=ON  PLU=ON  AIRCRAFT/CT
L237(       965)SEA FILE=EMBASE ABB=ON  PLU=ON  OTALGIA/CT
L238(      3053)SEA FILE=EMBASE ABB=ON  PLU=ON  AVIATION/CT
L239(      1409)SEA FILE=EMBASE ABB=ON  PLU=ON  FLIGHT/CT
L240(        18)SEA FILE=EMBASE ABB=ON  PLU=ON  (L221 OR L222 OR L223 OR L224
                  OR L225 OR L226) AND ((L227 OR L228 OR L229 OR L230 OR L231)
                  OR L237) AND ((L232 OR L233 OR L234 OR L235 OR L236) OR L238
                  OR L239)
L241(       178)SEA FILE=EMBASE ABB=ON  PLU=ON  L234 (L) PC/CT
L242          8 SEA FILE=EMBASE ABB=ON  PLU=ON  L240 AND L241
```

subheading
PC = prevention

```
=> s (L163 or L191 or L217 or L242) not L151

L245         10 (L163 OR L191 OR L217 OR L242) NOT L151
```

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```
=> file caplus

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FILE LAST UPDATED: 5 Sep 2005 (20050905/ED)

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'OBI' IS DEFAULT SEARCH FIELD FOR 'CAPLUS' FILE

=> d que L24

```
L1            15 SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRINE?/CN
L2             2 SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L3            30 SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L5          7472 SEA FILE=CAPLUS ABB=ON  PLU=ON  L1
L6           838 SEA FILE=CAPLUS ABB=ON  PLU=ON  L2
L7          2223 SEA FILE=CAPLUS ABB=ON  PLU=ON  L3
L8           134 SEA FILE=CAPLUS ABB=ON  PLU=ON  DECONGESTANTS/CT (L) NASAL/OBI

L9          9371 SEA FILE=CAPLUS ABB=ON  PLU=ON  EAR/CT
L10         6507 SEA FILE=CAPLUS ABB=ON  PLU=ON  SINUS?/OBI
L11         1232 SEA FILE=CAPLUS ABB=ON  PLU=ON  OTITIS?/OBI
L12         3900 SEA FILE=CAPLUS ABB=ON  PLU=ON  RHINITIS?/OBI
L13            9 SEA FILE=CAPLUS ABB=ON  PLU=ON  EAR ACHE?/OBI OR EARACHE?/OBI
                 OR OTALGIA?/OBI
L14            4 SEA FILE=CAPLUS ABB=ON  PLU=ON  EAR/CT (L) ACHE/OBI
L15            6 SEA FILE=CAPLUS ABB=ON  PLU=ON  PAIN/OBI (L) OTIC/OBI
L16          793 SEA FILE=CAPLUS ABB=ON  PLU=ON  BAROMET?/OBI
L17            9 SEA FILE=CAPLUS ABB=ON  PLU=ON  BAROTRAUM?/OBI
L18         6358 SEA FILE=CAPLUS ABB=ON  PLU=ON  AIRCRAFT/CT
L19         6651 SEA FILE=CAPLUS ABB=ON  PLU=ON  ALTITUD?/OBI
L20         1051 SEA FILE=CAPLUS ABB=ON  PLU=ON  DECOMPRESS?/OBI
L21        13540 SEA FILE=CAPLUS ABB=ON  PLU=ON  PRESSURE/OBI (L) ATMOSPHER?/OBI

L24            1 SEA FILE=CAPLUS ABB=ON  PLU=ON  (L5 OR L6 OR L7 OR L8) AND (L9
                 OR L10 OR L11 OR L12 OR L13 OR L14 OR L15) AND (L16 OR L17 OR
                 L18 OR L19 OR L20 OR L21)
```

=> s L24 not L23

L246 0 L24 NOT L23 → printed with inventor search

=> file JICST-EPLUS, PASCAL, BIOSIS, TOXCENTER, SCISEARCH, NTIS, NIOSHTIC, MECHENG, AEROSPACE, WPIX

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=> d que L38

```
L1            15 SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRINE?/CN
L2             2 SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L3            30 SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L26        17771 SEA L1 OR L2 OR L3
L27        37620 SEA METAOXEDRIN? OR METASYMPATOL? OR MEZATON? OR NEO-SYNEPHRIN?
                  OR NEOSYNEPHRIN? OR PHENYLEPHRIN?
L28          547 SEA ETILEFRIN? OR ETHYLNORPHENYLEPHRIN? OR ETHYLPHENYLEPHRIN?
                  OR CIRCUPON
L29          114 SEA EFFORTIL OR ETHYL ADRIANOL OR ETHYLADRIANOL OR FETANOL OR
                  PHETANOL OR THOMASIN
L30         2243 SEA OXYMETAZOLIN?
L31        14064 SEA EPHEDRIN? OR PSEUDOEPHEDRIN? OR ISOEPHEDRIN?
L32         4402 SEA DECONGESTANT? OR (NOSE OR NASAL? OR SINUS?) (2A) (VASOCONST
                  RICT?)
L34           40 SEA AEROSINUSIT? OR BAROSINUSIT? OR BAROTITUS OR AEROTITUS
L38            2 SEA (L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR L32) AND L34
```

=> d que L48

```
L1            15 SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRINE?/CN
L2             2 SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L3            30 SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L26        17771 SEA L1 OR L2 OR L3
L27        37620 SEA METAOXEDRIN? OR METASYMPATOL? OR MEZATON? OR NEO-SYNEPHRIN?
```

```
                OR NEOSYNEPHRIN? OR PHENYLEPHRIN?
L28          547 SEA ETILEFRIN? OR ETHYLNORPHENYLEPHRIN? OR ETHYLPHENYLEPHRIN?
                 OR CIRCUPON
L29          114 SEA EFFORTIL OR ETHYL ADRIANOL OR ETHYLADRIANOL OR FETANOL OR
                 PHETANOL OR THOMASIN
L30         2243 SEA OXYMETAZOLIN?
L31        14064 SEA EPHEDRIN? OR PSEUDOEPHEDRIN? OR ISOEPHEDRIN?
L32         4402 SEA DECONGESTANT? OR (NOSE OR NASAL? OR SINUS?) (2A) (VASOCONST
                 RICT?)
L33       517630 SEA OTITIS? OR SINUS? OR RHINITIS? OR EAR OR EARACHE OR
                 OTALGI? OR OTIC (2A) PAIN
L35       315430 SEA ATMOSPHERIC PRESSUR? OR ALTITUD? OR BAROTRAUM? OR DECOMPRES
                 S?
L36       839250 SEA AIRCRAFT? OR AIRPLANE? OR AEROPLANE? OR FLIGHT?
L39           41 SEA (L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR L32) AND L33
                 AND (L35 OR L36)
L45           40 SEA L39 NOT SPACE FLIGHT/CT
L46      1961234 SEA SURGERY
L48           39 SEA L45 NOT L46


=> d que L52

L1            15 SEA FILE=REGISTRY ABB=ON  PLU=ON  PHENYLEPHRINE?/CN
L2             2 SEA FILE=REGISTRY ABB=ON  PLU=ON  OXYMETAZOLINE?/CN
L3            30 SEA FILE=REGISTRY ABB=ON  PLU=ON  PSEUDOEPHEDRINE?/CN
L26        17771 SEA L1 OR L2 OR L3
L27        37620 SEA METAOXEDRIN? OR METASYMPATOL? OR MEZATON? OR NEO-SYNEPHRIN?
                  OR NEOSYNEPHRIN? OR PHENYLEPHRIN?
L28          547 SEA ETILEFRIN? OR ETHYLNORPHENYLEPHRIN? OR ETHYLPHENYLEPHRIN?
                 OR CIRCUPON
L29          114 SEA EFFORTIL OR ETHYL ADRIANOL OR ETHYLADRIANOL OR FETANOL OR
                 PHETANOL OR THOMASIN
L30         2243 SEA OXYMETAZOLIN?
L31        14064 SEA EPHEDRIN? OR PSEUDOEPHEDRIN? OR ISOEPHEDRIN?
L32         4402 SEA DECONGESTANT? OR (NOSE OR NASAL? OR SINUS?) (2A) (VASOCONST
                 RICT?)
L33       517630 SEA OTITIS? OR SINUS? OR RHINITIS? OR EAR OR EARACHE OR
                 OTALGI? OR OTIC (2A) PAIN
L34           40 SEA AEROSINUSIT? OR BAROSINUSIT? OR BAROTITUS OR AEROTITUS
L35       315430 SEA ATMOSPHERIC PRESSUR? OR ALTITUD? OR BAROTRAUM? OR DECOMPRES
                 S?
L36       839250 SEA AIRCRAFT? OR AIRPLANE? OR AEROPLANE? OR FLIGHT?
L49      2258309 SEA INGEST? OR ORAL?
L50        39050 SEA INTRA NASAL? OR INTRANASAL? OR NASAL(2A)(SPRAY? OR MIST?)
L52            8 SEA (L26 OR L27 OR L28 OR L29 OR L30 OR L31 OR L32) AND L49
                 AND L50 AND (L33 OR L34) AND (L35 OR L36)


=> s (L38 or L48 or L52) not L37
L247          38 (L38 OR L48 OR L52) NOT L37

=>

=> => dup rem L244 L245 L247
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FILE 'BIOSIS' ENTERED AT 16:36:56 ON 06 SEP 2005

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FILE 'SCISEARCH' ENTERED AT 16:36:56 ON 06 SEP 2005

FILE 'NIOSHTIC' ENTERED AT 16:36:56 ON 06 SEP 2005

FILE 'MECHENG' ENTERED AT 16:36:56 ON 06 SEP 2005

FILE 'AEROSPACE' ENTERED AT 16:36:56 ON 06 SEP 2005

PROCESSING COMPLETED FOR L244
PROCESSING COMPLETED FOR L245
PROCESSING COMPLETED FOR L247
L248 31 DUP REM L244 L245 L247 (31 DUPLICATES REMOVED)
ANSWERS '1-14' FROM FILE MEDLINE
ANSWERS '15-19' FROM FILE EMBASE
ANSWER '20' FROM FILE PASCAL
ANSWERS '21-22' FROM FILE BIOSIS
ANSWER '23' FROM FILE TOXCENTER
ANSWER '24' FROM FILE SCISEARCH
ANSWER '25' FROM FILE NIOSHTIC
ANSWERS '26-27' FROM FILE MECHENG
ANSWERS '28-31' FROM FILE AEROSPACE

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L248 ANSWER 1 OF 31 MEDLINE on STN DUPLICATE 1
ACCESSION NUMBER: 2005303813 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15949100
TITLE: Otic barotrauma from air travel.
AUTHOR: Mirza S; Richardson H
CORPORATE SOURCE: Department of Otolaryngology - Head & Neck Surgery, North Riding Infirmary, Middlesbrough, UK..
showkatmirza@hotmail.com
SOURCE: Journal of laryngology and otology, (2005 May) 119 (5) 366-70. Ref: 29
Journal code: 8706896. ISSN: 0022-2151.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 200507
ENTRY DATE: Entered STN: 20050614
Last Updated on STN: 20050727

Entered Medline: 20050726

ABSTRACT:
Otic barotrauma occurring during air travel involves traumatic inflammation of the middle ear, caused by a pressure difference between the air in the middle ear and the external atmosphere, developing after ascent or more usually descent. The pressure difference occurs because of failure of the eustachian tube to equilibrate middle ear and atmospheric pressures. It is a common problem, presenting with ear fullness, otalgia and deafness. Severe cases may result in tympanic membrane perforation and even round window membrane rupture. Of three randomized controlled trials, one showed that oral pseudoephedrine decongestants reduced otalgia in adults with recurrent ear pain during air travel, whilst another found that oral pseudoephedrine did not decrease in-flight ear pain in children. The third trial showed that oxymetazoline decongestant nasal spray, taken 30 minutes before descent, did not produce a statistically significant reduction in symptoms of barotrauma in adults with recurrent ear pain during air travel. We review the causes, prevention and treatment of this condition.

CONTROLLED TERM: Adult
*Aerospace Medicine
Altitude
Atmospheric Pressure
***Barotrauma: ET, etiology**
Barotrauma: PP, physiopathology
Barotrauma: PC, prevention & control
Child
***Ear, Middle: IN, injuries**
Ear, Middle: PP, physiopathology
Humans
Labyrinth: IN, injuries
Nasal Decongestants: TU, therapeutic use
Rupture: ET, etiology
Rupture: PP, physiopathology
Travel

CHEMICAL NAME: 0 (Nasal Decongestants)

L248 ANSWER 2 OF 31 MEDLINE on STN DUPLICATE 2
ACCESSION NUMBER: 2002468974 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12230671
TITLE: Middle ear pain and trauma during air travel.
COMMENT: Update in: Clin Evid. 2003 Jun;(9):574-6. PubMed ID: 15366154
AUTHOR: Janvrin Simon
CORPORATE SOURCE: Civil Aviation Authority, West Sussex, UK.
SOURCE: Clinical evidence, (2002 Jun) (7) 466-8. Ref: 5
Journal code: 100883600. ISSN: 1462-3846.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200210
ENTRY DATE: Entered STN: 20020917
Last Updated on STN: 20021018
Entered Medline: 20021017

CONTROLLED TERM: Administration, Intranasal
Administration, Oral
Adult
*Aircraft
Child
Earache: ET, etiology

***Earache: PC, prevention & control**
Humans
***Nasal Decongestants: AD, administration & dosage**
Nasal Decongestants: AE, adverse effects
Randomized Controlled Trials
*Travel
Treatment Outcome
Tympanic Membrane Perforation: ET, etiology
*Tympanic Membrane Perforation: PC, prevention & control
CHEMICAL NAME: 0 (Nasal Decongestants)

L248 ANSWER 3 OF 31 MEDLINE on STN DUPLICATE 3
ACCESSION NUMBER: 2001090721 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11143432
TITLE: Underwater application of nasal decongestants: method for special operations.
AUTHOR: Mutzbauer T S; Mueller P H; Sigg O; Tetzlaff K; Neubauer B
CORPORATE SOURCE: Department of Anesthesiology and Critical Care Medicine, Federal Armed Forces Medical Center, 89070 Ulm, Germany.
SOURCE: Military medicine, (2000 Nov) 165 (11) 849-51.
Journal code: 2984771R. ISSN: 0026-4075.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200101
ENTRY DATE: Entered STN: 20010322
Last Updated on STN: 20010322
Entered Medline: 20010125

ABSTRACT:
A simple method of emergency underwater application of a nasal decongestant in divers to prevent diving-related accidents or even fatalities attributable to sequelae of middle-ear and sinus barotrauma of ascent was evaluated. Eleven military divers had to inject 1 mL of 0.02% methylene blue into a central venous catheter after having inserted the tip between their upper lip and the mask at 1 m depth in a pool. After injection, the head had to be reclined. Blue liquid flowing from a diver's nostril and a "bitter" taste sensation reported immediately after surfacing indicated successful application. All divers were observed to have had blue liquid flowing from the nostril of application, and one diver could not describe the taste. This method of underwater application of nasal decongestants may be useful for emergency prevention in divers, especially during covert operations. Underwater availability of the system in a special kit carried by divers would be required.

CONTROLLED TERM: Check Tags: Male
Adult
Barotrauma: PC, prevention & control
*Diving: AE, adverse effects
Ear: IN, injuries
Emergencies
Humans
Military Personnel
***Nasal Decongestants: AD, administration & dosage**
***Oxymetazoline: AD, administration & dosage**
Paranasal Sinuses: IN, injuries
CAS REGISTRY NO.: **1491-59-4 (Oxymetazoline)**
CHEMICAL NAME: 0 (Nasal Decongestants)

L248 ANSWER 4 OF 31 MEDLINE on STN DUPLICATE 5

ACCESSION NUMBER: 1999255225 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10323625
TITLE: Pseudoephedrine and air travel-associated ear pain in children.
AUTHOR: Buchanan B J; Hoagland J; Fischer P R
CORPORATE SOURCE: Department of Pediatrics, University of California, Davis, USA.
SOURCE: Archives of pediatrics & adolescent medicine, (1999 May) 153 (5) 466-8.
Journal code: 9422751. ISSN: 1072-4710.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199905
ENTRY DATE: Entered STN: 19990601
Last Updated on STN: 19990601
Entered Medline: 19990520

ABSTRACT:
BACKGROUND: Young children often appear bothered by ear pain during ascent and descent while traveling on commercial airplanes. While pseudoephedrine hydrochloride is effective in decreasing the risk for earache in adults with recurrent air travel-associated ear pain, such use in children has not been studied. OBJECTIVE: To assess the efficacy and side effects of prophylactic pseudoephedrine in children traveling by air. DESIGN: A placebo-controlled, double-blind clinical trial. SUBJECTS AND METHODS: Children aged 6 months to 6 years were included in this study. Pseudoephedrine hydrochloride (1 mg/kg body weight) or placebo was administered 30 to 60 minutes prior to departure on commercial air flights. Caregivers noted historical details and the degree of apparent ear pain, drowsiness, and excitability with ascent and descent. RESULTS: Ninety-one flights involving 50 children were studied, with ear pain being reported in 13 (14%) of flights. Ear pain was not associated with a history of air travel-associated ear pain, recent ear infection, or recent upper airway symptoms. Pseudoephedrine use was not associated with a decrease in ear pain during either ascent (4% with pseudoephedrine vs 5% with placebo; P approximately 1.00) or descent (12% with pseudoephedrine vs. 13% with placebo; P approximately 1.00). Pseudoephedrine use was, however, linked to drowsiness at takeoff (60% with pseudoephedrine vs. 27% with placebo; P = .003) but not at landing (P = .39). Treatment was not associated with excitability at takeoff (P = .09) or landing (P approximately 1.00). CONCLUSIONS: Ear pain is not uncommon in children traveling by commercial aircraft. The predeparture use of pseudoephedrine does not decrease the risk for in-flight ear pain in children but is associated with drowsiness.

CONTROLLED TERM:
*Aircraft
Child
Child, Preschool
Double-Blind Method
Drug Administration Schedule
***Earache: ET, etiology**
***Earache: PC, prevention & control**
Ephedrine: AD, administration & dosage
Ephedrine: AE, adverse effects
***Ephedrine: TU, therapeutic use**
Humans
Sleep Stages
Sympathomimetics: AD, administration & dosage
Sympathomimetics: AE, adverse effects
***Sympathomimetics: TU, therapeutic use**

*Travel
Treatment Outcome
CAS REGISTRY NO.: 299-42-3 (Ephedrine)
CHEMICAL NAME: 0 (Sympathomimetics)

L248 ANSWER 5 OF 31 MEDLINE on STN DUPLICATE 6
ACCESSION NUMBER: 1998255867 MEDLINE
DOCUMENT NUMBER: PubMed ID: 9596428
TITLE: A double-blind comparison between oral pseudoephedrine and topical oxymetazoline in the prevention of barotrauma during air travel.
AUTHOR: Jones J S; Sheffield W; White L J; Bloom M A
CORPORATE SOURCE: Department of Emergency Medicine, Butterworth Hospital, Grand Rapids, MI, USA.
SOURCE: American journal of emergency medicine, (1998 May) 16 (3) 262-4.
Journal code: 8309942. ISSN: 0735-6757.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals; Space Life Sciences
ENTRY MONTH: 199806
ENTRY DATE: Entered STN: 19980618
Last Updated on STN: 19980618
Entered Medline: 19980610

ABSTRACT:
To determine the efficacy of two decongestants (oral pseudoephedrine versus topical oxymetazoline) in the prevention of middle ear barotrauma during air travel, 150 adult volunteers with a history of ear pain during air travel were entered into a randomized, double-blind study conducted at two commercial airports. Each subject received 120 mg pseudoephedrine, oxymetazoline hydrochloride (0.05%), or a double placebo (capsule and nasal spray) administered 30 minutes before flight departure. After arrival at their final destinations, volunteers were asked to complete a questionnaire and return it by mail to investigators. Questions included the intensity and duration of otologic symptoms experienced while flying and possible drug side effects. A total of 124 subjects completed the study; 41 received 120 mg of pseudoephedrine, 42 received oxymetazoline nasal spray, and 41 received a double placebo (capsule and nasal spray). The three treatment groups were similar with regard to age, sex, medical history, and flight profile. Symptoms of barotrauma were reported by 34% of those receiving pseudoephedrine versus 71% of the control group, for a relative risk reduction of 52% (95% confidence interval [CI] 33% to 71%). In contrast, 64% of the oxymetazoline group reported symptoms of barotrauma, for a relative risk reduction of 10% (95% CI, 3% to 17%). These results suggest that treatment with 120 mg pseudoephedrine at least 30 minutes before flying appears to decrease the incidence of barotrauma. Oxymetazoline nasal spray is little more effective than placebo in reducing ear pain and discomfort associated with changing ambient pressures.

CONTROLLED TERM: Check Tags: Comparative Study; Female; Male
Administration, Intranasal
Administration, Oral
Adult
***Barotrauma: PC, prevention & control**
Double-Blind Method
***Ear, Middle: IN, injuries**
***Ephedrine: AD, administration & dosage**
Humans

Middle Aged
***Nasal Decongestants: AD, administration & dosage**
***Oxymetazoline: AD, administration & dosage**
Questionnaires
*Travel
CAS REGISTRY NO.: **1491-59-4 (Oxymetazoline)**; 299-42-3 (Ephedrine)
CHEMICAL NAME: 0 (Nasal Decongestants)

L248 ANSWER 6 OF 31 MEDLINE on STN DUPLICATE 8
ACCESSION NUMBER: 97064142 MEDLINE
DOCUMENT NUMBER: PubMed ID: 8906761
TITLE: Prophylaxis against middle ear barotrauma in US hyperbaric oxygen therapy centers.
AUTHOR: Capes J P; Tomaszewski C
CORPORATE SOURCE: Department of Emergency Medicine, Carolinas Medical Center, Charlotte, NC, USA.
SOURCE: American journal of emergency medicine, (1996 Nov) 14 (7) 645-8.
Journal code: 8309942. ISSN: 0735-6757.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199612
ENTRY DATE: Entered STN: 19970128
Last Updated on STN: 19970128
Entered Medline: 19961227

ABSTRACT:
The most common complication of hyperbaric oxygen (HBO) treatment is middle ear barotrauma, which can lead to permanent hearing loss and vertigo. Unconscious patients and infants present a special diagnostic challenge because of difficulties in communicating pain and equalizing pressure across the ears. This study involved a phone survey to all hospital-based HBO centers in the United States concerning routine practice for middle ear barotrauma prophylaxis. Results indicate that more than a fifth of centers always do routine prophylactic myringotomies on intubated patients (30 of 126) and infants (19 of 86). Less than half of centers never performed the procedure as routine prophylaxis. A third of centers (49 of 145) routinely administered prophylactic drugs before HBO treatment. Topical nasal decongestants, particularly oxymetazoline, were preferred to systemic oral medications (chi2 = 20.8, P<.001). These results show that there is great variance in clinical practice with regard to middle ear barotrauma prophylaxis among US HBO centers. Many centers are using unproven therapies such as topical nasal decongestants.

CONTROLLED TERM: Adult
***Barotrauma: PC, prevention & control**
Data Collection
***Ear, Middle: IN, injuries**
Humans
Infant
Nasal Decongestants: TU, therapeutic use
*Oxygen Inhalation Therapy: AE, adverse effects
Tympanic Membrane: SU, surgery
United States
CHEMICAL NAME: 0 (Nasal Decongestants)

L248 ANSWER 7 OF 31 MEDLINE on STN DUPLICATE 9
ACCESSION NUMBER: 94256689 MEDLINE
DOCUMENT NUMBER: PubMed ID: 8198308
TITLE: Efficacy of pseudoephedrine for the prevention of barotrauma during air travel.

AUTHOR: Csortan E; Jones J; Haan M; Brown M
CORPORATE SOURCE: Emergency Medicine Residency Program, Butterworth Hospital, Grand Rapids.
SOURCE: Annals of emergency medicine, (1994 Jun) 23 (6) 1324-7. Journal code: 8002646. ISSN: 0196-0644.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE) (RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals; Space Life Sciences
ENTRY MONTH: 199406
ENTRY DATE: Entered STN: 19940707
Last Updated on STN: 19940707
Entered Medline: 19940627

ABSTRACT:
STUDY OBJECTIVE: To determine the efficacy of decongestant prophylaxis in the prevention of symptoms of middle ear barotrauma (aerotitis media) during air travel. DESIGN: Prospective, parallel, double-blind, randomized trial. SETTING: Two commercial airports in Michigan. TYPE OF PARTICIPANTS: Two hundred fifty volunteers with a history of recurrent ear discomfort during air travel. INTERVENTIONS: Following randomization, each subject received 120 mg pseudoephedrine or placebo 30 minutes before flight departure. Recorded data included subject demographics, history of ear discomfort, and otologic examination. After arrival at their final destinations, volunteers were asked to complete a questionnaire and return it by mail to the investigators. Questions included the intensity and duration of otologic symptoms experienced while flying and possible drug side effects. MEASUREMENTS AND MAIN RESULTS: One hundred ninety subjects completed the study; 96 received 120 mg of pseudoephedrine and 94 received a placebo. The two treatment groups were similar with regard to age, sex, weight, and flight profile (P > .1). Ear discomfort was present in 32% (31 of 96) of those receiving pseudoephedrine versus 62% (58 of 94) of the control group (chi 2 = 15.34; P = .0001). Adverse effects were minimal; seven patients experienced drowsiness. CONCLUSION: Our results suggest that use of an oral decongestant before flying decreases the incidence of middle ear barotrauma associated with ambient pressure changes during air travel.

CONTROLLED TERM:
Adult
*Aerospace Medicine
***Barotrauma: DT, drug therapy**
Barotrauma: EP, epidemiology
Barotrauma: ET, etiology
Double-Blind Method
***Ear, Middle: IN, injuries**
***Ephedrine: TU, therapeutic use**
Humans
Incidence
*Premedication: MT, methods
Prospective Studies
Recurrence
Time Factors
*Travel
Treatment Outcome

CAS REGISTRY NO.: 299-42-3 (Ephedrine)

L248 ANSWER 8 OF 31 MEDLINE on STN DUPLICATE 10
ACCESSION NUMBER: 93073199 MEDLINE
DOCUMENT NUMBER: PubMed ID: 1443845
TITLE: Prevention of hyperbaric-associated middle ear barotrauma.

AUTHOR: Carlson S; Jones J; Brown M; Hess C
CORPORATE SOURCE: Emergency Medicine Residency Program, Butterworth Hospital, Grand Rapids.
SOURCE: Annals of emergency medicine, (1992 Dec) 21 (12) 1468-71.
Journal code: 8002646. ISSN: 0196-0644.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199212
ENTRY DATE: Entered STN: 19930122
Last Updated on STN: 19930122
Entered Medline: 19921222

ABSTRACT:
STUDY OBJECTIVE: To determine the efficacy of topical nasal decongestant in the prevention of middle ear barotrauma in patients undergoing hyperbaric oxygen therapy. DESIGN: Prospective, parallel, double-blind, randomized trial. SETTING: University-affiliated community hospital emergency department with hyperbaric oxygen facilities. PARTICIPANTS: Sixty patients undergoing hyperbaric oxygen therapy; 30 subjects in each treatment arm. INTERVENTIONS: After randomization, consenting patients were given two sprays of oxymetazoline hydrochloride or sterile water, 15 minutes before hyperbaric oxygen therapy. Collected data included patient demographics, ear examinations before and after hyperbaric oxygen treatment, and subjective ear complaints. The otoscopic appearance of the tympanic membrane was graded according to the amount of hemorrhage in the eardrum, with Teed scores ranging from 0 (symptoms only) to 5 (gross hemorrhage and rupture). RESULTS: The treatment groups were similar with regard to age, sex, and medical history. Ear discomfort during hyperbaric oxygen therapy was present in 63% (19 of 30) of those receiving oxymetazoline versus 67% (20 of 30) of the control group (P = .99). Likewise, both groups had similar Teed scores after hyperbaric oxygen therapy (P = .88). No adverse effects were noted. CONCLUSION: The results of this pilot study suggest that topical decongestants may not be effective in preventing middle ear barotrauma during hyperbaric oxygen therapy.

CONTROLLED TERM: Check Tags: Female; Male
Administration, Topical
Adult
Barotrauma: ET, etiology
***Barotrauma: PC, prevention & control**
Double-Blind Method
*Ear Diseases: PC, prevention & control
***Ear, Middle**
Humans
*Hyperbaric Oxygenation: AE, adverse effects
Middle Aged
***Oxymetazoline: AD, administration & dosage**
Pilot Projects
CAS REGISTRY NO.: **1491-59-4 (Oxymetazoline)**

L248 ANSWER 9 OF 31 MEDLINE on STN DUPLICATE 11
ACCESSION NUMBER: 92303868 MEDLINE
DOCUMENT NUMBER: PubMed ID: 1610044
TITLE: Pseudoephedrine for the prevention of barotitis media: a controlled clinical trial in underwater divers.
AUTHOR: Brown M; Jones J; Krohmer J
CORPORATE SOURCE: Emergency Medicine Residency Program, Butterworth Hospital, Grand Rapids.
SOURCE: Annals of emergency medicine, (1992 Jul) 21 (7) 849-52.

Journal code: 8002646. ISSN: 0196-0644.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199207
ENTRY DATE: Entered STN: 19920731
Last Updated on STN: 19920731
Entered Medline: 19920723

ABSTRACT:
STUDY OBJECTIVE: To determine the efficacy and safety of decongestant prophylaxis among first-time underwater divers in the prevention of barotitis media (middle ear squeeze). DESIGN: Randomized, double-blind, prospective clinical trial. SETTING: Recreational diving schools in Panama City, Florida. TYPE OF PARTICIPANTS: One hundred twenty volunteer scuba divers under the supervision of certified instructors. INTERVENTIONS: After randomization, each subject received a 60-mg tablet of pseudoephedrine or placebo 30 minutes before diving. Prospective data were collected, including subject demographics, signs and symptoms of middle ear squeeze during the dive, and possible drug side effects. The otoscopic appearance of the tympanic membrane was graded according to the amount of hemorrhage in the eardrum, with Teed scores ranging from 0 (normal) to 5 (gross hemorrhage and rupture). chi 2 and t-tests were applied with significance set at P less than .05). The Mantel-Haenszel test was used to test the null hypothesis that the mean Teed scores of the two treatment groups were equal. RESULTS: A total of 116 subjects met the inclusion criteria and completed the study; 60 received 60 mg pseudoephedrine, and 56 received placebo. The treatment groups were similar with regard to age, sex, medical history, and depth of the first dive (P greater than .5). Ear discomfort and blockage during the dive were present in 8% (five of 60) of those receiving pseudoephedrine versus 32% (18 of 56) of the control group (P = .001). Similarly, the pseudoephedrine group had smaller Teed scores after diving than did the control subjects (P = .003). Adverse effects were minimal; two patients experienced dizziness and nausea. CONCLUSION: These results suggest that the use of an oral decongestant before diving decreases the incidence and severity of middle ear squeeze in novice divers.

CONTROLLED TERM: Check Tags: Female; Male
Adult
***Barotrauma: PC, prevention & control**
*Diving
Double-Blind Method
Ear Diseases: PC, prevention & control
***Ear, Middle**
***Ephedrine: TU, therapeutic use**
Humans
Prospective Studies
Research Support, Non-U.S. Gov't
CAS REGISTRY NO.: 299-42-3 (Ephedrine)

L248 ANSWER 10 OF 31 MEDLINE on STN
ACCESSION NUMBER: 2005026000 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15652028
TITLE: Middle ear pain and trauma during air travel.
COMMENT: Update of: Clin Evid. 2003 Jun;(9):574-6. PubMed ID: 15366154
AUTHOR: Janvrin Simon
CORPORATE SOURCE: Civil Aviation Authority, West Sussex, UK.
SOURCE: Clinical evidence, (2004 Jun) (11) 673-6. Ref: 5
Journal code: 100883600. ISSN: 1462-3846.

PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200504
ENTRY DATE: Entered STN: 20050119
Last Updated on STN: 20050430
Entered Medline: 20050429
CONTROLLED TERM: Adult
***Aircraft**
Child
Ear, Middle
***Earache: PC, prevention & control**
Ephedrine: TU, therapeutic use
Humans
Nasal Decongestants: TU, therapeutic use
*Travel
CAS REGISTRY NO.: 299-42-3 (Ephedrine)
CHEMICAL NAME: 0 (Nasal Decongestants)

L248 ANSWER 11 OF 31 MEDLINE on STN
ACCESSION NUMBER: 2004457739 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15366154
TITLE: Middle ear pain and trauma during air travel.
COMMENT: Update in: Clin Evid. 2004 Jun;(11):673-6. PubMed ID: 15652028
Update of: Clin Evid. 2002 Jun;(7):466-8. PubMed ID: 12230671
AUTHOR: Janvrin Simon
CORPORATE SOURCE: Civil Aviation Authority, West Sussex, UK.
SOURCE: Clinical evidence, (2003 Jun) (9) 574-6. Ref: 5
Journal code: 100883600. ISSN: 1462-3846.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200410
ENTRY DATE: Entered STN: 20040916
Last Updated on STN: 20041022
Entered Medline: 20041020
CONTROLLED TERM: ***Aircraft**
Ear, Middle
***Earache: PC, prevention & control**
Humans
Nasal Decongestants: TU, therapeutic use
*Travel
CHEMICAL NAME: 0 (Nasal Decongestants)

L248 ANSWER 12 OF 31 MEDLINE on STN
ACCESSION NUMBER: 91336588 MEDLINE
DOCUMENT NUMBER: PubMed ID: 1872517
TITLE: Pressure chamber tympanometry in diving candidates.
AUTHOR: Shupak A; Sharoni Z; Ostfeld E; Doweck I
CORPORATE SOURCE: Department of Otolaryngology, Carmel Lady Davis Hospital, Haifa, Israel.
SOURCE: Annals of otology, rhinology, and laryngology, (1991 Aug) 100 (8) 658-60.
Journal code: 0407300. ISSN: 0003-4894.

PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199109
ENTRY DATE: Entered STN: 19911006
Last Updated on STN: 19911006
Entered Medline: 19910913

ABSTRACT:
The currently recommended examination for diving fitness ascertains middle ear autoinflation ability only under surface pressure conditions. The purpose of our study was to document and quantify middle ear pressure equalization failure during simulated dives among diving candidates who had otherwise met the otologic criteria for diving fitness. Forty-two candidates for regular naval diving activity were included in the study. Tympanograms of both ears at 1 and 1.1 absolute atmospheres (ATA) were taken inside a pressure chamber with the subjects in two positions: seated and supine. At a pressure of 1 ATA, type A tympanograms were found in all 84 ears examined. At a pressure of 1.1 ATA, with subjects in the upright position, 19 (22.9%) of the ears had type C and 2 (2.4%) type B tympanograms, while with subjects recumbent during descent, 6 of the ears (7.2%) had type C and 7 (8.4%) type B. Our results suggest that successful autoinflation at surface ambient pressure does not necessarily reflect middle ear pressure equalization ability during descent in a dive.

CONTROLLED TERM: *Acoustic Impedance Tests
Adult
Barotrauma: DI, diagnosis
Barotrauma: DT, drug therapy
Barotrauma: ET, etiology
*Diving
Diving: AE, adverse effects
***Ear, Middle: PH, physiology**
Ephedrine: TU, therapeutic use
Eustachian Tube: PH, physiology
Humans
Posture
Pressure
Reference Values
CAS REGISTRY NO.: 299-42-3 (Ephedrine)

L248 ANSWER 13 OF 31 MEDLINE on STN
ACCESSION NUMBER: 90303384 MEDLINE
DOCUMENT NUMBER: PubMed ID: 1694666
TITLE: Acute frontal sinus barotrauma.
AUTHOR: Singletary E M; Reilly J F Jr
CORPORATE SOURCE: Department of Emergency Medicine, Brooke Army Medical Center, Ft Sam Houston, TX.
SOURCE: American journal of emergency medicine, (1990 Jul) 8 (4) 329-31.
Journal code: 8309942. ISSN: 0735-6757.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199008
ENTRY DATE: Entered STN: 19900921
Last Updated on STN: 19960129
Entered Medline: 19900813

ABSTRACT:
A 25-year-old man presented to the emergency department with an acute onset of

frontal sinus pain during descent on a commercial airliner. There was no history of recent upper respiratory infection, sinus infection, or chronic allergic rhinitis. Sinus radiographs demonstrated a left frontal sinus submucosal hematoma. Symptoms improved within 24 hours with systemic and topical decongestants/vasoconstrictors and a nonsteroidal antiinflammatory agent. He was asymptomatic at 1 week postinjury.

CONTROLLED TERM: Check Tags: Male
Adult
***Aircraft**
***Barotrauma: ET, etiology**
Barotrauma: RA, radiography
Frontal Sinusitis: DT, drug therapy
***Frontal Sinusitis: ET, etiology**
Frontal Sinusitis: RA, radiography
Humans
Nasal Decongestants: TU, therapeutic use

CHEMICAL NAME: 0 (Nasal Decongestants)

L248 ANSWER 14 OF 31 MEDLINE on STN
ACCESSION NUMBER: 70282163 MEDLINE
DOCUMENT NUMBER: PubMed ID: 5455572
TITLE: Drug-induced patency changes in the eustachian tube. A comparison of routes of administration.
AUTHOR: Davis L J; Sheffield P A; Jackson R T
SOURCE: Archives of otolaryngology (Chicago, Ill. : 1960), (1970 Oct) 92 (4) 325-8.
Journal code: 0376526. ISSN: 0003-9977.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 197010
ENTRY DATE: Entered STN: 19900101
Last Updated on STN: 19900101
Entered Medline: 19701023

CONTROLLED TERM: Check Tags: Comparative Study
*Acetylcholine: AD, administration & dosage
Animals
Atmospheric Pressure
Blood Pressure: DE, drug effects
Dogs
Dopamine: AD, administration & dosage
Epinephrine: AD, administration & dosage
Eustachian Tube: BS, blood supply
***Eustachian Tube: DE, drug effects**
*Histamine: AD, administration & dosage
Injections, Intra-Arterial
Injections, Intravenous
Isoproterenol: AD, administration & dosage
Norepinephrine: AD, administration & dosage
Phenylephrine: AD, administration & dosage
*Prostaglandins: AD, administration & dosage
***Sympathomimetics: AD, administration & dosage**

CAS REGISTRY NO.: 51-41-2 (Norepinephrine); 51-43-4 (Epinephrine); 51-45-6 (Histamine); 51-61-6 (Dopamine); 51-84-3 (Acetylcholine); **59-42-7 (Phenylephrine)**; 7683-59-2 (Isoproterenol)
CHEMICAL NAME: 0 (Prostaglandins); 0 (Sympathomimetics)

L248 ANSWER 15 OF 31 EMBASE
on STN

ACCESSION NUMBER: 2005322247 EMBASE
TITLE: Considerations for the head-injured air-evacuated patient: A case report of frontal sinus fracture and review of the literature.
AUTHOR: Helling E.; McKinlay A.J.
CORPORATE SOURCE: E. Helling, Department of Otolaryngology, Brooke Army Medical Center, Fort Sam Houston, TX 78234, United States
SOURCE: Military Medicine, (2005) Vol. 170, No. 7, pp. 577-579.
Refs: 14
ISSN: 0026-4075 CODEN: MMEDA
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 011 Otorhinolaryngology
035 Occupational Health and Industrial Medicine
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 20050818
Last Updated on STN: 20050818
ABSTRACT: Head and neck injuries are not uncommon in combat environments and may be increasing due to survivable injuries from the use of kevlar helmets and body armor. With the current capability of rapid evacuation from the battlefield, acutely injured patients with frontal sinus injuries may undergo further barometric challenges. Proper care during transport can prevent the occurrence of secondary injury (increased intracranial pressure, tension pneumocephalus) that would complicate the patient's management at the next level of care. Management principles (importance of low-level flight/pressurized cabin, preflight use of decongestants, avoidance of valsalva, and ability to manage complications either procedurally or by landing) are reviewed. In addition, we propose a simple mechanism for pressure equilibration of a compromised frontal sinus during air evacuation using an angiocatheter placed through the wound before closure.

CONTROLLED TERM: Medical Descriptors:
*head injury
*patient transport
***frontal sinus**
*face fracture
medical literature
battle injury
barotrauma: CO, complication
barotrauma: DT, drug therapy
barotrauma: PC, prevention
intracranial hypertension: CO, complication
pneumocephalus: CO, complication
patient care
flight
prophylaxis
Valsalva maneuver
intravenous catheter
wound closure
human
male
case report
adult
review
Drug Descriptors:
decongestive agent: DT, drug therapy
decongestive agent: NA, intranasal drug

administration
oxymetazoline: DT, drug therapy
oxymetazoline: NA, intranasal drug administration
pseudoephedrine: DO, drug dose
pseudoephedrine: DT, drug therapy
pseudoephedrine: PO, oral drug administration
CAS REGISTRY NO.: (oxymetazoline) **1491-59-4, 2315-02-8;**
(pseudoephedrine) **345-78-8, 7460-12-0,**
90-82-4

L248 ANSWER 16 OF 31 EMBASE
on STN
ACCESSION NUMBER: 2004316607 EMBASE
TITLE: Hyperbaric oxygen: Its uses, mechanisms of action and outcomes.
AUTHOR: Gill A.L.; Bell C.N.A.
CORPORATE SOURCE: Dr. C.N.A. Bell, Div. of Oral/Maxillo-Facial Surgery, Bristol Dental Hospital, Lower Maudlin Street, Bristol BS1 2LY, United Kingdom. chris.bell@bristol.ac.uk
SOURCE: QJM - Monthly Journal of the Association of Physicians, (2004) Vol. 97, No. 7, pp. 385-395.
Refs: 98
ISSN: 1460-2725 CODEN: QMJPFH
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 015 Chest Diseases, Thoracic Surgery and Tuberculosis
025 Hematology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
052 Toxicology
LANGUAGE: English
ENTRY DATE: Entered STN: 20040812
Last Updated on STN: 20040812
CONTROLLED TERM: Medical Descriptors:
*hyperbaric oxygen
drug mechanism
outcomes research
oxygen breathing
oxygen tension
MEDLINE
drug indication
history of medicine
surgical technique
anaerobic infection: DT, drug therapy
anaerobic infection: PC, prevention
anaerobic infection: SU, surgery
carbon monoxide intoxication: DT, drug therapy
physiology
immunity
oxygen transport
hemodynamics
decompression sickness: DT, drug therapy
arterial gas
artery embolism: DT, drug therapy
evidence based medicine
clinical study
gas gangrene: DT, drug therapy
myositis: DT, drug therapy
myositis: SU, surgery

muscle necrosis: DT, drug therapy
muscle necrosis: SU, surgery
amputation
crush trauma: DT, drug therapy
crush trauma: SU, surgery
compartment syndrome: DT, drug therapy
compartment syndrome: SU, surgery
peripheral ischemia: DT, drug therapy
peripheral ischemia: SU, surgery
wound healing
cost benefit analysis
anemia: DT, drug therapy
brain abscess: DT, drug therapy
tissue necrosis: DT, drug therapy
osteomyelitis: DT, drug therapy
osteomyelitis: SU, surgery
radiation injury: DT, drug therapy
graft survival
burn: DT, drug therapy
burn: SU, surgery
myopia: SI, side effect
eye disease: SI, side effect
cataract: SI, side effect
neurotoxicity: SI, side effect
seizure
disease exacerbation: SI, side effect
convulsion: SI, side effect
barotrauma: PC, prevention
barotrauma: SI, side effect
barotrauma: SU, surgery
ear injury: PC, prevention
ear injury: SI, side effect
ear injury: SU, surgery
otitis media: DT, drug therapy
otitis media: PC, prevention
otitis media: SI, side effect
lung injury: SI, side effect
pneumothorax: SI, side effect
tooth injury: SI, side effect
cancer growth: SI, side effect
fetus disease: ET, etiology
mental disease: SI, side effect
claustrophobia: SI, side effect
drug contraindication
human
clinical trial
review
priority journal
Drug Descriptors:
*oxygen: AE, adverse drug reaction
*oxygen: CT, clinical trial
*oxygen: CB, drug combination
*oxygen: DT, drug therapy
*oxygen: TO, drug toxicity
*oxygen: PD, pharmacology
carbon monoxide: TO, drug toxicity
antibiotic agent: CB, drug combination
antibiotic agent: DT, drug therapy
placebo
pseudoephedrine: DT, drug therapy

CAS REGISTRY NO.: (oxygen) 7782-44-7; (carbon monoxide) 630-08-0; (pseudoephedrine) **345-78-8, 7460-12-0, 90-82-4**

L248 ANSWER 17 OF 31 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2005044248 EMBASE

TITLE: [Barotitis media in crew members of commercial airlines]. BAROTITE MEDIA EM TRIPULANTES DA AVIACAO CIVIL.

AUTHOR: Davim Bastos A.G.; Torres Cordeiro Lopes De Souza A.

CORPORATE SOURCE: A.G. Davim Bastos, Rua Cambauba, 354/101, Rio de Janeiro RJ 21940-001. adrianageorgiabastos@bol.com.br

SOURCE: Revista Brasileira de Otorrinolaringologia, (2004) Vol. 70, No. 1, pp. 102-105.
Refs: 10
ISSN: 0034-7299 CODEN: RBORAB

COUNTRY: Brazil

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 011 Otorhinolaryngology
035 Occupational Health and Industrial Medicine
037 Drug Literature Index

LANGUAGE: Portuguese

SUMMARY LANGUAGE: English; Portuguese

ENTRY DATE: Entered STN: 20050204
Last Updated on STN: 20050204

ABSTRACT: Barotitis media (BM) is defined, by Armstrong & Hein, as a chronic or acute traumatic inflammation caused by variations of atmospheric pressure. Aim: The purpose of the present study was to analyze clinical aspects related to BM in crewmembers of commercial airlines. Study Design: Clinical retrospective. Material and Method: A group of 17 patients with BM was evaluated from December 2002 to September 2003. Aspects related to age, gender, clinical history, treatment and follow-up were studied. Results: Of the 17 patients, 11 were males and 6 females, aged from 28 to 51, with average of 37,3 years old. All of them complained of ear pain during the descent phase of the flight prior to land. 14 patients (82,4%) complained of aural pressure and two of tinnitus. Before the flight, 11 patients (64,7%) had complains related to upper respiratory tract. Barotrauma was observed grade 1 in 17,6% of patients, grade 2 in 58,8% and grade 3 in 23,6%. Nobody had barotrauma grade 4. The patients were treated with oral decongestants associated or not with antibiotics and corticosteroids. Conclusion: BM is a peculiar disease in aerospace medicine and otorhinolaringology areas. Understanding of pathogenesis and prevention mechanisms of BM is essential for the management of these patients.

CONTROLLED TERM: Medical Descriptors:
***barotrauma: DT, drug therapy**
*barotitis media: DT, drug therapy
***otitis media: DT, drug therapy**
clinical feature
airplane crew
retrospective study
evaluation
age
gender
anamnesis
follow up
otalgia
tinnitus
upper respiratory tract
disease severity

aerospace medicine
otorhinolaryngology
human
male
female
clinical article
adult
article
Drug Descriptors:
***decongestive agent: CB, drug combination**
***decongestive agent: DT, drug therapy**
***decongestive agent: PO, oral drug administration**
*antibiotic agent: CB, drug combination
*antibiotic agent: DT, drug therapy
*corticosteroid: CB, drug combination
*corticosteroid: DT, drug therapy
loratadine: DT, drug therapy
loratadine: PO, oral drug administration
pseudoephedrine: CB, drug combination
pseudoephedrine: DT, drug therapy
pseudoephedrine: PO, oral drug administration
fexofenadine: CB, drug combination
fexofenadine: DT, drug therapy
fexofenadine: PO, oral drug administration
CAS REGISTRY NO.: (loratadine) 79794-75-5; (pseudoephedrine) **345-78-8**, **7460-12-0**, **90-82-4**; (fexofenadine) 138452-21-8

L248 ANSWER 18 OF 31 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 94214808 EMBASE
DOCUMENT NUMBER: 1994214808
TITLE: Managing ear trauma.
AUTHOR: Davidson T.M.; Neuman T.R.
CORPORATE SOURCE: UCSD Medical Center, 200 W Arbor Dr,San Diego, CA 92103-8895, United States
SOURCE: Physician and Sportsmedicine, (1994) Vol. 22, No. 7, pp. 27-32.
ISSN: 0091-3847 CODEN: PHSPDE
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 011 Otorhinolaryngology
035 Occupational Health and Industrial Medicine
037 Drug Literature Index
LANGUAGE: English
ENTRY DATE: Entered STN: 940727
Last Updated on STN: 940727
CONTROLLED TERM: Medical Descriptors:
***barotrauma: PC, prevention**
*ear injury: PC, prevention
*ear injury: SU, surgery
*ear injury: TH, therapy
*ear injury: DT, drug therapy
*eardrum perforation: TH, therapy
*eardrum perforation: DI, diagnosis
*eardrum perforation: PC, prevention
*sport injury: PC, prevention
*sport injury: DT, drug therapy
*sport injury: SU, surgery
*sport injury: TH, therapy

auditory tube
avulsion injury: SU, surgery
bacterial infection: DT, drug therapy
external ear
hematoma: TH, therapy
hematoma: DT, drug therapy
hematoma: PC, prevention
hematoma: SU, surgery
human
laceration: SU, surgery
middle ear disease: DT, drug therapy
middle ear disease: PC, prevention
oral drug administration
review
topical drug administration
wrestling
Drug Descriptors:
acetylsalicylic acid
adrenalin
antibiotic agent: DT, drug therapy
antihistaminic agent: CB, drug combination
antihistaminic agent: DT, drug therapy
decongestive agent: CB, drug combination
decongestive agent: DT, drug therapy
lidocaine
nonsteroid antiinflammatory agent
povidone iodine
pseudoephedrine: DT, drug therapy

CAS REGISTRY NO.: (acetylsalicylic acid) 493-53-8, 50-78-2, 53663-74-4, 53664-49-6, 63781-77-1; (adrenalin) 51-43-4, 55-31-2, 6912-68-1; (lidocaine) 137-58-6, 24847-67-4, 56934-02-2, 73-78-9; (povidone iodine) 25655-41-8; (pseudoephedrine) **345-78-8, 7460-12-0, 90-82-4**

L248 ANSWER 19 OF 31 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 93259443 EMBASE
DOCUMENT NUMBER: 1993259443
TITLE: Current medical management of rhinitis in flying personnel.
AUTHOR: Philpot E.E.
CORPORATE SOURCE: 1010 Nut Tree Road,Vacaville, CA 95687, United States
SOURCE: Advances in Therapy, (1993) Vol. 10, No. 4, pp. 159-166.
ISSN: 0741-238X CODEN: ADTHE7
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 011 Otorhinolaryngology
026 Immunology, Serology and Transplantation
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 931003
Last Updated on STN: 931003

ABSTRACT: Chronic rhinitis is a major problem for flying personnel, who are grounded during symptomatic periods because of the risk of altitude-related reactions. The characteristics, appropriate use, and adverse effects of current therapy for chronic rhinitis in the general population are discussed. At present, current therapies include antiallergy drugs, such as cromolyn sodium; intranasal corticosteroids; sympathomimetic agents; anticholinergic

agents; antihistamines, including the newer, nonsedating antihistamines; immunotherapy; and the use of intranasal saline. Pilots, however, are prohibited from using most pharmacotherapy to alleviate symptoms. An approach to rhinitis treatment in flying personnel should be based on avoidance of offending allergens and use of topical medications. The use of new nonsedating antihistamines should be considered when regulations permit. Immunotherapy is reserved for intractable cases of allergic rhinitis.

CONTROLLED TERM: Medical Descriptors:

***airplane crew**
***rhinitis: TH, therapy**
***rhinitis: PC, prevention**
***rhinitis: DT, drug therapy**
airplane pilot
allergic rhinitis: DT, drug therapy
allergic rhinitis: PC, prevention
allergic rhinitis: TH, therapy
altitude
article
central nervous system depression
chronic rhinitis: DT, drug therapy
chronic rhinitis: TH, therapy
drowsiness: SI, side effect
epistaxis: SI, side effect
human
hypertension: SI, side effect
immunotherapy
intranasal drug administration
mucosa inflammation: SI, side effect
nose congestion: SI, side effect
nose mucosa
oral drug administration
topical drug administration
ulcer: SI, side effect
Drug Descriptors:
***alpha adrenergic receptor stimulating agent: PD, pharmacology**
*alpha adrenergic receptor stimulating agent: DT, drug therapy
*alpha adrenergic receptor stimulating agent: AD, drug administration
*alpha adrenergic receptor stimulating agent: AE, adverse drug reaction
*antiallergic agent: AE, adverse drug reaction
*antiallergic agent: AD, drug administration
*antiallergic agent: CB, drug combination
*antiallergic agent: CM, drug comparison
*antiallergic agent: DT, drug therapy
*antiallergic agent: PD, pharmacology
*cholinergic receptor blocking agent: AD, drug administration
*cholinergic receptor blocking agent: DT, drug therapy
*cholinergic receptor blocking agent: PD, pharmacology
*glucocorticoid: PK, pharmacokinetics
*glucocorticoid: PD, pharmacology
*glucocorticoid: DT, drug therapy
*glucocorticoid: CB, drug combination
*glucocorticoid: AD, drug administration
*glucocorticoid: AE, adverse drug reaction
*histamine h1 receptor antagonist: AE, adverse drug

reaction
*histamine h1 receptor antagonist: CB, drug combination
*histamine h1 receptor antagonist: PD, pharmacology
*histamine h1 receptor antagonist: CM, drug comparison
*histamine h1 receptor antagonist: DT, drug therapy
*histamine h1 receptor antagonist: PK, pharmacokinetics
*sodium chloride: DT, drug therapy
*sodium chloride: AD, drug administration
*sodium chloride: PD, pharmacology
astemizole: DT, drug therapy
astemizole: AE, adverse drug reaction
astemizole: AD, drug administration
astemizole: PK, pharmacokinetics
astemizole: PD, pharmacology
beclometasone dipropionate: AE, adverse drug reaction
beclometasone dipropionate: DT, drug therapy
beclometasone dipropionate: AD, drug administration
beclometasone dipropionate: PD, pharmacology
budesonide: PD, pharmacology
budesonide: AD, drug administration
budesonide: AE, adverse drug reaction
budesonide: DT, drug therapy
cetirizine: PD, pharmacology
cetirizine: AE, adverse drug reaction
cetirizine: AD, drug administration
cetirizine: DT, drug therapy
cetirizine: PK, pharmacokinetics
cromoglycate disodium: AE, adverse drug reaction
cromoglycate disodium: AD, drug administration
cromoglycate disodium: CB, drug combination
cromoglycate disodium: CM, drug comparison
cromoglycate disodium: PD, pharmacology
ephedrine: AE, adverse drug reaction
ephedrine: AD, drug administration
ephedrine: PD, pharmacology
ephedrine: DT, drug therapy
flunisolide: AE, adverse drug reaction
flunisolide: AD, drug administration
flunisolide: CB, drug combination
flunisolide: DT, drug therapy
flunisolide: PD, pharmacology
fluocortin butyl: DT, drug therapy
fluocortin butyl: PD, pharmacology
fluocortin butyl: AD, drug administration
fluocortin butyl: AE, adverse drug reaction
imidazoline: PD, pharmacology
imidazoline: AE, adverse drug reaction
imidazoline: AD, drug administration
imidazoline: DT, drug therapy
ipratropium bromide: DT, drug therapy
ipratropium bromide: PD, pharmacology
ipratropium bromide: AD, drug administration
loratadine: PD, pharmacology
loratadine: PK, pharmacokinetics
loratadine: DT, drug therapy
loratadine: AD, drug administration
loratadine: AE, adverse drug reaction
nedocromil sodium: AE, adverse drug reaction
nedocromil sodium: PD, pharmacology
nedocromil sodium: AD, drug administration

nedocromil sodium: DT, drug therapy
phenylephrine: PD, pharmacology
phenylephrine: DT, drug therapy
phenylephrine: AD, drug administration
phenylephrine: AE, adverse drug reaction
phenylpropanolamine: AE, adverse drug reaction
phenylpropanolamine: AD, drug administration
phenylpropanolamine: DT, drug therapy
phenylpropanolamine: PD, pharmacology
pseudoephedrine: PD, pharmacology
pseudoephedrine: AE, adverse drug reaction
pseudoephedrine: AD, drug administration

CONTROLLED TERM: Drug Descriptors:
pseudoephedrine: DT, drug therapy
terfenadine: AE, adverse drug reaction
terfenadine: AD, drug administration
terfenadine: CB, drug combination
terfenadine: CM, drug comparison
terfenadine: PD, pharmacology
triamcinolone acetonide: PD, pharmacology
triamcinolone acetonide: DT, drug therapy
triamcinolone acetonide: AD, drug administration
triamcinolone acetonide: AE, adverse drug reaction

CAS REGISTRY NO.: (sodium chloride) 7647-14-5; (astemizole) 68844-77-9; (beclometasone dipropionate) 5534-09-8; (budesonide) 51333-22-3; (cetirizine) 83881-51-0, 83881-52-1; (cromoglycate disodium) 15826-37-6, 16110-51-3, 93356-79-7, 93356-84-4; (ephedrine) 299-42-3, 50-98-6; (flunisolide) 3385-03-3; (fluocortin butyl) 41767-29-7; (imidazoline) 28299-33-4; (ipratropium bromide) 22254-24-6; (loratadine) 79794-75-5; (nedocromil sodium) 69049-74-7; (phenylephrine) 532-38-7, **59-42-7**, **61-76-7**; (phenylpropanolamine) 14838-15-4, 154-41-6, 4345-16-8, 48115-38-4; (pseudoephedrine) **345-78-8**, **7460-12-0**, **90-82-4**; (terfenadine) 50679-08-8; (triamcinolone acetonide) 76-25-5

L248 ANSWER 20 OF 31 PASCAL COPYRIGHT 2005 INIST-CNRS. ALL RIGHTS RESERVED.
on STN DUPLICATE 7

ACCESSION NUMBER: 1998-0124693 PASCAL
COPYRIGHT NOTICE: Copyright .COPYRGT. 1998 INIST-CNRS. All rights reserved.
TITLE (IN ENGLISH): Point prevalence of barotitis in children and adults after **flight**, and effect of autoinflation
AUTHOR: STANGERUP S.-E.; TJERNSTROEM OE.; KLOKKER M.; HARCOURT J.; STOKHOLM J.
CORPORATE SOURCE: ENT Department Gentofte University Hospital, Copenhagen, Denmark; Medical Service, Scandinavian Airline System, Copenhagen, Denmark; ENT-Division, Department of Surgery, United Arab Emirates University, Al Ain, United Arab Emirates
SOURCE: Aviation, space, and environmental medicine, (1998), 69(1), 45-49, 16 refs.
Conference: Aerospace Medical Association's Annual Scientific Meeting 1996, Atlanta (United States)
ISSN: 0095-6562
DOCUMENT TYPE: Journal; Conference
BIBLIOGRAPHIC LEVEL: Analytic
COUNTRY: United States
LANGUAGE: English

AVAILABILITY: INIST-2018, 354000077438760080
ABSTRACT: The most common cause of barotitis is pressure changes during descent in aviation. Equilibration is normally achieved by swallowing, jaw movements, yawning, or chewing, but some have to perform a Valsalva maneuver several times during descent and even by these means some fail. The aim of the study was to estimate the point prevalence of **barotrauma** in children and adults after **flight**, and to test the effect of an autoinflation device (Otovent®), in improving negative middle **ear** pressure after **flight.** Questionnaires and Otovent®, were distributed to all air passengers in eight incoming **flights.** The questionnaires enquired about nasal allergy, nasal congestion, previous and actual **ear** pain, use of **decongestants** and experience of inflating the Otovent set during descent. After **flight**, the passengers were offered an **ear** examination including otoscopy and tympanometry both before and after a Valsalva maneuver, as well as after Otovent inflation. Otoscopic signs of barotitis were found in 10% of the adults and in 22% of the children. Negative middle **ear** pressure of more than 10 hPa after landing was found in 20% of the adults and in 40% of the children. The Valsalva maneuver normalized the pressure in 46% of the adults and in 33% of the children. Of the adults, 73%, and of the children, 69% with an unsuccessful Valsalva maneuver could improve or normalize the middle **ear** pressure by inflating the Otovent set. In conclusion, we recommend autoinflation using the Otovent set to air passengers with problems clearing the **ears** during **flight.**
CLASSIFICATION CODE: 002B16D; Life sciences; Medical sciences; Traumatology
CONTROLLED TERM: **Flight**; Air transportation; Trauma; Physical agent; Negative pressure; Middle **ear**; **Barotrauma**; Prevalence; Child; Adult
BROADER TERM: Aviation medicine; Environmental factor; Organ of hearing; Space medicine; Human

L248 ANSWER 21 OF 31 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN DUPLICATE 4
ACCESSION NUMBER: 1999:244335 BIOSIS
DOCUMENT NUMBER: PREV199900244335
TITLE: **Pseudoephedrine** fails the **ear**-pain test in children during air **flights.**
AUTHOR(S): Wunsch, H.
SOURCE: Lancet (North American Edition), (May 15, 1999) Vol. 353, No. 9165, pp. 1683. print.
ISSN: 0099-5355.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 17 Jun 1999
Last Updated on STN: 17 Jun 1999
ABSTRACT:According to researchers from the University of California, ***pseudoephedrine*** does not reduce **ear** pain in children during air travel. The scientists say the **decongestant** does induce drowsiness in children, an unwanted effect during air travel.
CONCEPT CODE: Routes of immunization, infection and therapy 22100

General biology - Miscellaneous 00532
INDEX TERMS: Major Concepts
Pediatrics (Human Medicine, Medical Sciences); Pharmacology; Sense Organs (Sensory Reception)
INDEX TERMS: Miscellaneous Descriptors
AIR TRAVEL; CHILDREN; **DECONGESTANT** DRUG; **EAR** PAIN; NEWS ARTICLE; PHARMACEUTICALS; **PSEUDOEPHEDRINE**; RESEARCH

L248 ANSWER 22 OF 31 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 1999:296700 BIOSIS
DOCUMENT NUMBER: PREV199900296700
TITLE: **Decongestant** is found useless for young fliers' **earaches.**
AUTHOR(S): Nagourney, E.
SOURCE: New York Times, (May 18, 1999) Vol. 148, No. 51526, pp. F14. print.
ISSN: 0362-4331.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 5 Aug 1999
Last Updated on STN: 5 Aug 1999
ABSTRACT:The popular **decongestant pseudoephedrine** is not effective in preventing the **earaches** (aerotitis media) that children experience during takeoffs and landings in **airplanes**, according to researchers led by Dr. Brian J. Buchanan at the University of California at Davis.
CONCEPT CODE: Routes of immunization, infection and therapy 22100
INDEX TERMS: Major Concepts
Pediatrics (Human Medicine, Medical Sciences); Pharmacology; Public Health (Allied Medical Sciences); Sense Organs (Sensory Reception)
INDEX TERMS: Miscellaneous Descriptors
AEROTITIS MEDIA; **AIRPLANE** TRAVEL; CHILDREN; **DECONGESTANT**; **EARACHE**; EFFICACY; MEDICAL RESEARCH; NEWS ARTICLE; PREVENTION; **PSEUDOEPHEDRINE**; BUCHANAN, BRIAN J.: MEDICAL RESIDENT, RESEARCHER, UNIV OF CALIFORNIA, DAVIS
GEOGRAPHICAL TERMS: USA (North America)

L248 ANSWER 23 OF 31 TOXCENTER COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1985:9414 TOXCENTER
DOCUMENT NUMBER: PubMed ID: 6149711
TITLE: **Otitis** media with effusion in childhood
AUTHOR(S): Marshall S G; Bierman C W; Shapiro G G
SOURCE: Annals of allergy, (1984 Nov) 53 (5) 370-8, 394. Ref: 22.
Journal Code: 0372346. ISSN: 0003-4738.
COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
FILE SEGMENT: MEDLINE
OTHER SOURCE: MEDLINE 85044901
LANGUAGE: English
ENTRY DATE: Entered STN: 20011116
Last Updated on STN: 20011116
ABSTRACT:
OM and OME are common disorders of childhood. Middle **ear** disease is related to anatomic abnormalities, prior episodes of AOM, chronic ***rhinitis*** , allergy, age, sex, race, season, perinatal factors, viral

infections, and irritant exposure. ET dysfunction plays an important role in OME, as does the presence of bacteria or bacterial products in the middle ***ear.*** Viral infection, nasal allergy, previous episodes of OM and primary mucosal disease all may contribute to this chronic disorder. Diagnostic evaluation involves an appropriate personal and environmental history, a physical examination, pneumatic otoscopy, tympanometry, pure tone audiometry, and (if indicated) allergic and immunologic evaluation. Treatment may include environmental control, antibiotic therapy, **decongestants** and/or antihistamines, topical corticosteroids, and possibly immunization or allergic immunotherapy (hyposensitization). In order to facilitate strategies to prevent acute and recurrent OM as well as chronic effusion, further knowledge regarding the etiology, pathogenesis, and risk factors is essential. Well designed, controlled studies are imperative to provide further understanding and more effective treatment of this common, chronic and often very frustrating medical problem.

CONTROLLED TERM: Administration, Oral
Adrenal Cortex Hormones: TU, therapeutic use
Allergens: AN, analysis
Anti-Bacterial Agents: AD, administration & dosage
Anti-Bacterial Agents: TU, therapeutic use
Audiometry, Pure-Tone: ST, standards
Barotrauma
Child, Preschool
Ear Diseases: CO, complications
Ear, Middle: IN, injuries
Endoscopy: MT, methods
*Eustachian Tube: PP, physiopathology
Histamine H1 Antagonists: TU, therapeutic use
Humans
Immunoglobulin A: AN, analysis
Immunoglobulin G: AN, analysis
Immunoglobulin M: AN, analysis
Infant
Irritants: AN, analysis
Middle **Ear** Ventilation: ST, standards
North America
***Otitis** Media: EP, epidemiology
***Otitis** Media: PA, pathology
Otitis Media with Effusion: DI, diagnosis
Otitis Media with Effusion: DT, drug therapy
***Otitis** Media with Effusion: EP, epidemiology
Otitis Media with Effusion: ET, etiology
Otitis Media with Effusion: IM, immunology
Otitis Media with Effusion: MI, microbiology
***Otitis** Media with Effusion: PA, pathology
Radioimmunoassay
Staphylococcal Infections: CO, complications
Staphylococcal Infections: IM, immunology
Streptococcus pneumoniae: PY, pathogenicity
Viruses: PY, pathogenicity

CHEMICAL NAME: 0 (Adrenal Cortex Hormones); 0 (Allergens); 0 (Anti-Bacterial Agents); 0 (Histamine H1 Antagonists); 0 (Immunoglobulin A); 0 (Immunoglobulin G); 0 (Immunoglobulin M); 0 (Irritants)

L248 ANSWER 24 OF 31 SCISEARCH COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 1999:585288 SCISEARCH
THE GENUINE ARTICLE: 220FC
TITLE: Classification of **otitis** media and surgical

principles
AUTHOR: Jung T T K (Reprint); Hanson J B
CORPORATE SOURCE: 11790 Pecan Way, Loma Linda, CA 92354 USA (Reprint); Loma Linda Univ, Sch Med, Dept Surg, Div Otolaryngol Head & Neck Surg, Loma Linda, CA 92354 USA
COUNTRY OF AUTHOR: USA
SOURCE: OTOLARYNGOLOGIC CLINICS OF NORTH AMERICA, (JUN 1999) Vol. 32, No. 3, pp. 369-+.
ISSN: 0030-6665.
PUBLISHER: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399 USA.
DOCUMENT TYPE: Article; Journal
LANGUAGE: English
REFERENCE COUNT: 88
ENTRY DATE: Entered STN: 1999
Last Updated on STN: 1999

ABSTRACT:
Otitis media is an important disease of children and adults and is caused by multiple interrelated factors, including infection, eustachian tube dysfunction, allergy, and **barotrauma.** This article includes a pertinent review of the literature regarding **otitis** media. The pathogenesis, classification, and treatment of **otitis** media in children and adults are also reviewed in this article. Additionally, therapy is discussed with emphasis on the surgical options appropriate at each stage.

CATEGORY: OTORHINOLARYNGOLOGY
SUPPL. TERM PLUS: EUSTACHIAN-TUBE FUNCTION; MIDDLE-**EAR** EFFUSIONS; RANDOMIZED CLINICAL-TRIAL; NASOPHARYNGEAL CARCINOMA; TYMPANOSTOMY TUBES; DOUBLE-BLIND; **DECONGESTANT** -ANTIHISTAMINE; ANTIMICROBIAL PROPHYLAXIS; INFLAMMATORY MEDIATORS; GLUE **EAR**

REFERENCE(S):

Referenced Author (RAU)	Year (RPY)	VOL (RVL)	ARN PG (RPG)	Referenced Work (RWK)
ARMSTRONG B W	1954	59	653	ARCH OTOLARYNGOL
BALL S S	1996	106	1021	LARYNGOSCOPE
BERNSTEIN J M	1994		61	RECENT ADV OTITIS ME
BEUERLEIN M	1997	107	1350	LARYNGOSCOPE
BLUESTONE C D	1975	84	333	ANN OTO RHINOL LARYN
BLUESTONE C D	1988		121	OTITIS MEDIA INFANTS
BLUESTONE C D	1992	14	197	CLIN INFECT DIS S2
CANTEKIN E I	1983	308	297	NEW ENGL J MED
CASSELBRANT M L	1985	95	428	LARYNGOSCOPE
CASSELBRANT M L	1992	11	278	PEDIATR INFECT DIS J
CHAN K H	1989	100	317	OTOLARYNG HEAD NECK
CHONMAITREE T	1997	830	143	ANN NY ACAD SCI
DACOSTA S S	1992	102	1229	LARYNGOSCOPE
DAGAN R	1992	11	542	PEDIATR INFECT DIS J
ERKAN M	1994	103	771	ANN OTO RHINOL LARYN
FERNAU J L	1992	102	48	LARYNGOSCOPE
FLISS D M	1990	116	991	J PEDIATR
FLISBERG K	1963	182	57	ACTA OTOLARYNGOL S S
FORNADLEY J A	1994	110	110	OTOLARYNG HEAD NECK
GATES G A	1998		469	OTOLARYNGOLOGY HEAD
GATES G A	1992	155	24	ANN OTOL RHINOL LA S
GATES G A	1985	6	249	AM J OTOLARYNG
GATES G A	1987	317	1444	NEW ENGL J MED
GATES G A	1996	114	525	OTOLARYNG HEAD NECK
GEBHART D E	1981	91	849	LARYNGOSCOPE
GIEBINK G S	1997	830	330	ANN NY ACAD SCI

GOYCOOLEA M V	1989		164	ATLAS OTOLOGIC SURG
GOYCOOLEA M V	1979	87	685	OTOLARYNGOL HEAD NEC
GREENSTONE M	1985	99	985	J LARYNGOL OTOL
HEALY G B	1984	8	13	INT J PEDIATR OTORHI
HELMUS C	1990	100	593	LARYNGOSCOPE
HOWIE V M	1975	129	676	AM J DIS CHILD
JUHN S K	1997	830	130	ANN NY ACAD SCI
JUNG T T K	1993		107	RECENT ADV OTITIS ME
JUNG T T	1993		269	RECENT ADV OTITIS ME
JUNG T T K	1993		415	RECENT ADV OTITIS ME
JUNG T T K	1988	98	980	LARYNGOSCOPE
KALEIDA P H	1991	87	466	PEDIATRICS
KARMA P H	1994		97	RECENT ADV OTITIS ME
KENNA M A	1993	14	469	AM J OTOL
KLEIN J O	1992	39	127	ADV PEDIATR
KLEIN J O	1984	13	398	PEDIATR ANN
KOLTAI P J	1989	115	1231	ARCH OTOLARYNGOL
LANPHEAR B P	1997	99	e1	PEDIATRICS
MANDEL E M	1992	11	270	PEDIATR INFECT DIS J
MANDEL E M	1987	316	432	NEW ENGL J MED
MARCHANT C D	1987	34	695	DRUGS
MAW A R	1995			GLUE EAR CHILDHOOD P
MAW R	1993	306	756	BRIT MED J
MAW A R	1983	287	1586	BRIT MED J
NELSON J D	1990	99	41	ANN OTOL RHINOL S149
NSOULI T M	1994	73	215	ANN ALLERGY
PAPARELLA M M	1994	163	7	ANN OTOL RHINOL LA S
PAPARELLA M M	1980	90	1089	LARYNGOSCOPE
PAPARELLA M M	1976	85	8	ANN OTOL RHINOL S25
PAPARELLA M M	1967	85	249	ARCH OTOLARYNGOL
PARADISE J L	1995	96	712	PEDIATRICS
PARADISE J L	1990	263	2066	JAMA-J AM MED ASSOC
PARADISE J L	1997	99	318	PEDIATRICS
PRINCIPI N	1989	143	1414	AM J DIS CHILD
RHEE C K	1997	106	604	ANN OTO RHINOL LAR 1
ROARK R	1997	16	376	PEDIATR INFECT DIS J
RODRIGUEZ W J	1995	14	1075	PEDIATR INFECT DIS J
ROSENBERG S I	1996	29	291	OTOLARYNG CLIN N AM
ROSENFELD R M	1995	109	811	J LARYNGOL OTOL
RUUSKANEN O	1989	8	94	PEDIATR INFECT DIS J
RYAN A F	1982	91	70	ANN OTO RHINOL LARYN
SHINKAWA H	1990	247	125	EUR ARCH OTO-RHINO-L
SKONER D P	1988	114	1131	ARCH OTOLARYNGOL
STEPHENSON J S	1993		389	RECENT ADV OTITIS ME
STOOL S E	1989	8	11	PEDIATR INFECT DIS J
TAKAHASHI H	1989	10	208	AM J OTOLARYNG
TAKAHASHI H	1994		303	RECENT ADV OTITIS ME
TANG N L S	1992	106	1055	J LARYNGOL OTOL
TEELE D W	1989	160	83	J INFECT DIS
THOMSEN J	1989	115	447	ARCH OTOLARYNGOL
TRACY J M	1998	80	198	ANN ALLERG ASTHMA IM
VARSANO I	1985	139	631	AM J DIS CHILD
WATANABE T	1994		177	RECENT ADV OTITIS ME
WEI W I	1987	97	1295	LARYNGOSCOPE
WHITE P	1989	10	301	AM J OTOLARYNG
WILLIAMS R L	1993	270	1344	JAMA-J AM MED ASSOC
YAGINUMA Y	1994		221	RECENT ADV OTITIS ME
YAMANAKA N	1997	830	70	ANN NY ACAD SCI
YELLON R F	1991	101	165	LARYNGOSCOPE
YOON T H	1990	99	23	ANN OTOL RHINOL S148

YOUNG Y H	1995	121	765	ARCH OTOLARYNGOL
YOUNG Y H	1998	118	280	ACTA OTO-LARYNGOL

L248 ANSWER 25 OF 31 NIOSHTIC on STN
ACCESSION NUMBER: 1997:131342 NIOSHTIC
DOCUMENT NUMBER: NIOSH-00173777
TITLE: Hearing Loss in **Decompression**
AUTHOR(S): Harris, J. D.
SOURCE: Underwater Physiology, Proceedings of the Fourth Symposium on Underwater Physiology, C. J. Lambertsen, Editor; New York, Academic Press, pages 277-286, 84 references
PUBLICATION DATE: 1971
LANGUAGE: ENGLISH
ABSTRACT:
Cases of hearing difficulty arising during diving were discussed, and five possible causes for sudden deafness were reviewed, including acute neuritis of the eighth nerve, virus infections, vascular accident, vasomotor neurosis, and acoustic trauma. Even excluding cases of sudden deafness among divers which might possibly be related to these five causes, there remain a number of cases which seem directly correlated to **decompression** difficulties. Nine cases arose during **decompression** from dives of 300 feet or more on helium/oxygen mixtures. In some cases the hearing returned during recompression almost as suddenly as it had left. In others there was some residual, permanent loss. In five cases which were examined carefully it seemed likely that the divers had sustained bubble formation in one or more branches of the internal acoustic artery. In those where hearing did not return during recompression or with treatment using **decongestants** or vasodilators, the possibility of microhemorrhage in the cochlea was considered. Regardless of the treatment, there was general agreement that treatment must be offered quickly. Audiological notes were provided on sudden deafness among ten divers.

CONTROLLED TERM: Hyperbarism; Hearing disorders; Hyperbaric environments; Workplace studies; Underwater workers; **Ear** disorders; Compressed gases; Hearing impairment

L248 ANSWER 26 OF 31 MECHENG COPYRIGHT 2005 CSA on STN
ACCESSION NUMBER: 2004255915 MECHENG
DOCUMENT NUMBER: 200212-12-029421
TITLES: Frontal **sinus** hematomas in aerospace medicine (Pathophysiological and clinical aspects of **aerosinusitus** and frontal **sinus** nematoma formation due to barometric pressure changes from pilot case history studies)
AUTHOR: GREEN, R S; WEISSMAN, B
SOURCE: Aerospace Medicine. Vol. 44, pp. 205-209. Feb. 1973 ISSN: 0001-9402
DOCUMENT TYPE: Journal
LANGUAGE: English
OTHER SOURCE: Aerospace & High Technology (AH)
ABSTRACT: **Aerosinusitis** and frontal **sinus** hematomas in aviators continue to be a cause of lost flying time and should be of medical concern among **flight** surgeons and otolaryngology consultants to flying programs. The frontal **sinuses** are most frequently involved in **aerosinusitis** and hematoma formation due to their anatomical course and the many factors which can block their opening into the nasal

cavity. The clinical picture of sudden acute frontal pain when descending from lesser to greater barometric pressure with a frontal **sinus** opacity on X ray is a hematoma until proven otherwise. Suggested regimen of therapy is antibiotics, **decongestants**, and mist for two to three weeks. No improvement in symptoms or X-ray evidence of increasing **sinus** disease is a situation which calls for surgical consideration. An **altitude** chamber **flight** should follow any therapeutic regimen before returning flier to flying status. The frontal **sinus** trephine procedure has little morbidity and in most cases is sufficient to remove the obstructing material and allow the nasofrontal ducts to again drain naturally the frontal **sinuses.**

CLASSIFICATION CODE: 12 Spacecraft

CONTROLLED TERMS: **Flight**; Medicine; Blocking; Barometric Pressure; Aerospace; **Aircraft** Components; Holes; Aeronautics; Antibiotics; Ducts; Chambers; Mist; Openings; Opacity; Drains; Consultancy Services; **aerosinusitis**; aerospace Medicine; **barotrauma**

L248 ANSWER 27 OF 31 MECHENG COPYRIGHT 2005 CSA on STN

ACCESSION NUMBER: 2004350155 MECHENG

DOCUMENT NUMBER: 200212-11-041536

TITLES: Medical considerations for **aircraft** passengers

AUTHOR: MANTHEY, F A

SOURCE: Civil Aviation Medical Association, Annual Symposium, 7th, New Orleans, La , Paper; 12-15 Nov. 1972. 7 p pp. 1972
Conference: Civil Aviation Medical Association, Annual Symposium, 7th, New Orleans, La , Paper; 12-15 Nov. 1972

DOCUMENT TYPE: Conference Article

LANGUAGE: English

OTHER SOURCE: Aerospace & High Technology (AH)

ABSTRACT: The **aircraft** passenger is shown to be exposed to an environment where the pressure is reduced from 760 to 570 mm Hg and the partial oxygen pressure, from 150 to 115 mm Hg. Based on these changes, it seems advisable that a nasal **decongestant** be available in the event of **sinus** pain or barotitis. Cardiopulmonary disease passengers with little functional impairment at sea level are usually suitable **aircraft** passengers. Oxygen should be available if needed. Post myocardial infarction patients should not travel by air until completely stabilized (usually at least three months post-infarction). Passengers in the later stages of pregnancy should be provided with shoulder style seat belts.

CLASSIFICATION CODE: 11 Aircraft

CONTROLLED TERMS: **Aircraft**; Oxygen; **Aircraft** Components; Aeronautics; Exposure; Paper; **Aircraft** Accidents; Sea Level; Occupant Injuries; Seat Belts; Passenger Safety; **Altitude** Sickness; Passengers; Physiological Effects; Pressure Effects; Pressure Reduction; Allergic Diseases; **Barotrauma**; **Decongestants**; Heart Diseases; Hemoglobin; Oxygen Metabolism; Paranasal **Sinuses**; Pregnancy

L248 ANSWER 28 OF 31 AEROSPACE COPYRIGHT 2005 CSA on STN
ACCESSION NUMBER: 1998:004268 AEROSPACE
DOCUMENT NUMBER: A98-14269
TITLE: Point prevalence of barotitis in children and adults after **flight**, and effect of autoinflation
AUTHOR(S): Stangerup, Sven-Eric,; Tjernstrom, Orjan,; Klokker, Mads,; Harcourt, Jonathan,; Stockholm, Jens, (Gentofte Univ. Hospital, Copenhagen, Denmark)
SOURCE: Aviation, Space, and Environmental Medicine, (Jan 1998) vol. 69, no. 143, pp. 45-49. Refs: 16. Available from: Aeroplus Dispatch.
ISSN: 0095-6562
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal
LANGUAGE: English
ABSTRACT:
This study estimates the point prevalence of **barotrauma** in children and adults after **flight**, and tests the effect of an autoinflation device (Otovent), in improving negative middle **ear** pressure after ***flight.*** Questionnaires and Otovent were distributed to all air passengers in eight incoming **flights.** The questionnaires inquired about nasal allergy, nasal congestion, previous and actual **ear** pain, use of **decongestants**, and experience of inflating the Otovent set during descent. After **flight**, the passengers were offered an ***ear*** examination including otoscopy and tympanometry both before and after a Valsalva maneuver, as well as after Otovent inflation. Otoscopic signs of barotitis were found in 10 percent of the adults and in 22 percent of the children. Negative middle **ear** pressure of more than 10 hPa after landing was found in 20 percent of the adults and in 40 percent of the children. The Valsalva maneuver normalized the pressure in 46 percent of the adults and in 33 percent of the children. Of the adults, 73 percent, and of the children, 69 percent with an unsuccessful Valsalva maneuver could improve or normalize the middle **ear** pressure by inflating the Otovent set. In conclusion, we recommend autoinflation using the Otovent set to air passengers with problems clearing the **ears** during **flight.**
CLASSIFICATION: 52 Aerospace Medicine
CONTROLLED TERM: *CHILDREN; ***BAROTRAUMA**; *INFLATING; *MIDDLE **EAR** PRESSURE; *PROPHYLAXIS; ***FLIGHT** STRESS (BIOLOGY); EARDRUMS; PASSENGER **AIRCRAFT**

L248 ANSWER 29 OF 31 AEROSPACE COPYRIGHT 2005 CSA on STN
ACCESSION NUMBER: 89:027149 AEROSPACE
DOCUMENT NUMBER: A90-10272
TITLE: Allergic **rhinitis** and aviation
AUTHOR(S): KALUZA, CHARLES L. (U.S. Naval Hospital, Millington, TN)
SOURCE: Aviation, Space, and Environmental Medicine, (Oct 1989) Vol. 60, pp. B83-B85. United States. Refs: 8.
ISSN: 0095-6562
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal
LANGUAGE: English
ABSTRACT:
Allergic **rhinitis**, or hay fever, is a combination of symptoms that affects approximately 20 percent of the U.S. population. Symptoms include nasal congestion, sneezing, rhinorrhea, and sleep aberrations. Patients with mild or seasonal cases of allergic **rhinitis** are perfectly capable of performing adequately in the aviation field. At present, these people are grounded during symptomatic periods. This grounding is due to both Federal Air Regulations and Navy regulations which preclude flying with nasal congestion or

with the use of medications. Current therapy of allergic **rhinitis** is based on the use of three different basic modalities. The first modality is immunotherapy which requires usually weekly injections, and the patient is grounded for 24 h after the injection. The second and most commonly used modality is the use of antihistamine-**decongestant** preparations. The third group of medications is the topical steroids and cromolyn sodium, which are reviewed in detail because of their improved efficacy and safety. Recommendations are proposed for allowing those persons with allergic ***rhinitis*** symptoms that are easily controlled with the topical steroids or cromolyn sodium to continue flying.(AIAA/TIS; Author)
CLASSIFICATION: 52 Aerospace Medicine
CONTROLLED TERM: *AEROSPACE MEDICINE; *ALLERGIC DISEASES; ***FLIGHT** FITNESS; *HUMAN PATHOLOGY; HISTAMINES; PATIENTS; PROPHYLAXIS; STEROIDS

L248 ANSWER 30 OF 31 AEROSPACE COPYRIGHT 2005 CSA on STN
ACCESSION NUMBER: 73:001975 AEROSPACE
DOCUMENT NUMBER: A73-22538
TITLE: Frontal **sinus** hematomas in aerospace medicine. Pathophysiological and clinical aspects of **aerosinusitus** and frontal **sinus** nematoma formation due to barometric pressure changes from pilot case history studies
AUTHOR(S): GREEN, R. S.; WEISSMAN, B. (USAF, Otolaryngology Service, Lackland AFB, Tex.)
SOURCE: Aerospace Medicine, vol. 44, Feb. 1973, p. 205-209., (Feb 1973). United States. Refs: 10.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal
LANGUAGE: English
ABSTRACT:
Aerosinusitis and frontal **sinus** hematomas in aviators continue to be a cause of lost flying time and should be of medical concern among **flight** surgeons and otolaryngology consultants to flying programs. The frontal **sinuses** are most frequentlyinvolved in ***aerosinusitis*** and hematoma formation due to their anatomical course and the many factors which can block their opening into the nasal cavity. The clinical picture of sudden acute frontal pain when descending from lesser to greater barometric pressure with a frontal **sinus** opacity on X ray is a hematoma until proven otherwise. Suggested regimen of therapy is antibiotics, **decongestants**, and mist for two to three weeks. No improvement in symptoms or X-ray evidence of increasing **sinus** disease is a situation which calls for surgical consideration. An **altitude** chamber **flight** should follow any therapeutic regimen before returning flier to flying status. The frontal **sinus** trephine procedure has little morbidity and in most cases is sufficient to remove the obstructing material and allow the nasofrontal ducts to again drain naturally the frontal ***sinuses.*** (AUTHOR; (Author))
CLASSIFICATION: 04 Bioscience
CONTROLLED TERM: ***AEROSINUSITIS**; *AEROSPACE MEDICINE; * **BAROTRAUMA**; *HUMAN PATHOLOGY; *PRESSURE EFFECTS; * **SINUSES**; **ATMOSPHERIC PRESSURE**; CASE HISTORIES; CLINICAL MEDICINE; OTOLARYNGOLOGY; PRESSURIZED CABINS

L248 ANSWER 31 OF 31 AEROSPACE COPYRIGHT 2005 CSA on STN
ACCESSION NUMBER: 72:025455 AEROSPACE
DOCUMENT NUMBER: A73-13802
TITLE: Medical considerations for **aircraft** passengers.
AUTHOR(S): MANTHEY, F. A.

SOURCE: Civil Aviation Medical Association, Annual Symposium, 7th, New Orleans, La., Nov. 12-15, 1972, Paper. 7 p., (Nov 1972).
PUB. COUNTRY: United States
DOCUMENT TYPE: Conference
LANGUAGE: English
ABSTRACT:
The **aircraft** passenger is shown to be exposed to an environment where the pressure is reduced from 760 to 570 mm Hg and the partial oxygen pressure, from 150 to 115 mm Hg. Based on these changes, it seems advisable that a nasal ***decongestant*** be available in the event of **sinus** pain or barotitis. Cardiopulmonary disease passengers with little functional impairment at sea level are usually suitable **aircraft** passengers. Oxygen should be available if needed. Post myocardial infarction patients should not travel by air until completely stabilized (usually at least three months post-infarction). Passengers in the later stages of pregnancy should be provided with shoulder style seat belts.(AIAA/TIS; V.P.)
CLASSIFICATION: 05 Biotechnology
CONTROLLED TERM: ***ALTITUDE** SICKNESS; *PASSENGERS; *PHYSIOLOGICAL EFFECTS; *PRESSURE EFFECTS; *PRESSURE REDUCTION; ALLERGIC DISEASES; **BAROTRAUMA**; **DECONGESTANTS**; HEART DISEASES; HEMOGLOBIN; OXYGEN METABOLISM; PARANASAL **SINUSES**; PREGNANCY

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